



SULTANS CHOICE Belly Dance Studio

201, 7819 - 50TH AVE
PH: 403.340.9193

RED DEER, AB
F: 403.348.5181

REGISTRATION & WAIVER

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

EMERGENCY NAME AND CONTACT NUMBER: _____

CLASSES REGISTERED FOR: _____

AMOUNT DUE: _____

PAID BY: _____

WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE:

I understand that Belly dance, Bellyfit, Yoga, and POUND, like any other physical conditioning or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing injuries, illness, or medical disabilities. I expressly assume all risks for my participation in Belly dance, Bellyfit, Yoga, or POUND classes, or activities related therein, and waive any claim I might otherwise bring against the class instructor or Sultans Choice Belly Dance Studio (Crystal Weran) as a result of my injury from or relating to my participation in Belly dance, Bellyfit, Yoga, or POUND classes, or related activities. To the best of my knowledge, I do not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent me from participating in the above mentioned activities, and, if required, I will obtain a medical examination and clearance. Additionally, the class instructor and/or Sultans Choice Belly Dance Studio (Crystal Weran) will not be held responsible or liable for any articles lost, stolen or damaged, while participating in class.

I HAVE READ AND FULLY AGREE TO THE TERMS OF THIS WAIVER AND RELEASE. I UNDERSTAND AND CONFIRM THAT BY SIGNING THIS WAIVER AND RELEASE I HAVE GIVEN UP CONSIDERABLE FUTURE LEGAL RIGHTS THAT I MAY HAVE AGAINST THE ABOVE NAMES RELEASE PARTY. I HAVE SIGNED THIS WAIVER FREELY, VOLUNTARILY, UNDER NO DURESS OR THREAT OF DURESS, WITHOUT INDUCEMENT, PROMISE OR GUARANTEE BEING COMMUNICATED TO ME. MY SIGNATURE IS PROOF OF MY INTENTION TO EXECUTE A COMPLETE AND UNCONDITIONAL WAIVER AND RELEASE OF ALL LIABILITY TO THE FULL EXTENT OF THE LAW. I AM MENTALLY COMPETENT TO ENTER INTO SUCH AN AGREEMENT.

Printed Name: _____

Signature (Guardian if student is under 18): _____

Date: _____

MEDIA RELEASE:

On occasion, photographs and/or video footage are taken to record class activities and/or promote classes in newsletters, Sultans Choice website photo albums, and the feedback forum of the website. Sultans Choice Belly Dance does NOT sell these images. Consent is implied for any images posted to the Sultans Choice Belly Dance Facebook page, as well as video clips uploaded to the Sultans Choice Belly Dance YouTube channel. Individuals are not identified by name, unless requested.

I, _____ give my consent to have my picture/image taken by Sultans Choice Belly Dance or their authorized affiliates for the purposes stated above.

Signature (Guardian if student is under 18): _____

Date: _____