

# Tip Tap Toe Dance Studio



Name \_\_\_\_\_

Age \_\_\_\_\_

Name of Dance School (if applicable) \_\_\_\_\_

Brief Outline of Dancing Experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's Name (if student is under 18) \_\_\_\_\_

Contact Info

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_



## Release of All Claims

I hereby acknowledge that I, (or my child, if student is under 18) do not have any health condition that would limit my ability to participate in this workshop. I assume the physical risk of any injury arising from the workshop, and in consideration of my or my child's participation in these classes, I release, waive, and discharge all organizers, instructors, studios and facilities, from any and all liability that they or any of them may have to me, my child, or my or my child's heirs, executors or assigns.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Child's

Signature \_\_\_\_\_

**Contact Owner**

**Sarah Ducote Marceaux**

**P# 318-359-7320**