



# Registration & Waiver

4021 Country Club Road  
Winston Salem, NC  
27104

336.659.0060

## Student Information:

---

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
2. Name of Parent(s): \_\_\_\_\_
3. Street Address: \_\_\_\_\_
4. City, State, Zip: \_\_\_\_\_
5. Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_
6. E-mail(s): \_\_\_\_\_
7. School: \_\_\_\_\_ Grade: \_\_\_\_\_
8. Emergency Contact (relation | number): \_\_\_\_\_
9. Medical Problems: \_\_\_\_\_  
\_\_\_\_\_
10. Special Needs: \_\_\_\_\_  
\_\_\_\_\_
11. Dietary Allergies or Needs: \_\_\_\_\_
12. Other Limitations You Want Us to Know: \_\_\_\_\_  
\_\_\_\_\_
13. How did you hear about us? (Circle): Peach Jar      Flier      Google      Friend      Other

## IMDC Leaps Without Bounds Policies & Release Agreements:

---

**VIDEO/PHOTOGRAPHY RELEASE:** The undersigned grants IMDC permission to record the participation of the student on video or photography and to use it for promotion and public relations on the web, in print, and at other IMDC functions for promotional purpose only. Such recordings are the sole property of IMDC.

**WAIVER AND RELEASE OF ALL CLAIMS.** As additional consideration for the student's instruction, the undersigned student, parent(s), or guardian(s) of the student hereby releases and waives any and all claims against In Motion Dance Center and any and all of its employees, contractors, and volunteers for any liability including but not limited to personal and bodily injuries (including death) and loss of or damage of property of the student or persons related to the student which may occur while participating in the activities, activities sponsored by, or in the physical building of In Motion Dance Center. The undersigned represents that the student is in good health and does not have any history of a medical or physical condition (unless specified above) that would place a student at risk because of his/her condition. The undersigned further acknowledges that the student's instruction involves physical exercise and physical stress that could result in physical injury of the student, that the student's participation is voluntary, and that the undersigned accepts all risks arising therefrom.

I have read the policies and release agreements in their entirety, understand them, and agree to comply with their contents. In addition, I understand and acknowledge that I must stay on site during the duration of the entire class.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date