

MASTER CLASS Registration/Release Form

- Payments must be made at time of registration.
- Registration is not considered complete until:
 - a) the registration form is complete
 - b) payment has been received
 - c) the waiver form has been signed and received.

Please make all cheques payable to:

Centre Stage Dance Studio Inc. (C.S.D.S. Inc.)

Note: A fee of \$25.00 will be charged on all cheques returned N.S.F.

PLEASE READ AND SIGN THE FOLLOWING INDEMNITY CLAUSE:

I hereby assume all of the risks arising out of, incidental to, or in any way connected with my or my child's participation in any dance classes provided by Unlock Unleash Control by Centre Stage Dance Studio Inc. and its teachers or agents, including, but not limited to, any risks which are not foreseeable.

I hereby release Unlock Unleash Control by C.S.D.S. Inc. and all its officers, directors, employees, including teachers and supervisors from any and all liability and any and all claims arising out of, incidental to, or in any way connected with my or my child's participation in any dance classes.

I (we) consent to the participation of the student named below in these Master Classes. I (we) make the acknowledgements, assume the risks and responsibilities and release the above named school and teachers in accordance with this release, acknowledgement and assumption of risk for and on behalf of myself and the student named below.

I hereby acknowledge the terms and conditions and the rules and regulations stated in this form and will adhere to them.

Name of Student: _____

Name of Parent/Guardian: _____
If student is under 18 years of age: (Please Print)

Signature or Signature of Parent/Guardian
(If student is under 18):

_____ **Date** _____

MASTER CLASS REGISTRATION FORM

Name: _____ **Age:** _____

Address: _____

Phone # (r): _____

(c): _____

Email Address: _____

Previous Years of Training/Experience: _____

Location of Training/Dance Studio: _____

Physical Limitations/Conditions:

Allergies: _____

Date of Master Class Attended: _____

Payment Received: _____