

LaRae's Dance Unlimited
STUDENT RELEASE AND REGISTRATION CONTRACT

Student Name: _____ Age: _____ Date of Birth _____
Address: _____ City: _____ Zip Code: _____
Home Phone: _____ Cell or Work Phone: _____
School: _____ Grade: _____
Parent or Guardian Name: _____ Relationship: _____
Who to contact in an emergency: _____ Phone: _____

RELEASE: I hereby release LaRae's Dance Unlimited and all faculty and staff from any claims of damages of injury suffered by the above-registered student in connection with or by their association with LaRae's Dance Unlimited Dance Program and Facilities. This includes my heirs who may not act in our behalf.

PARENT'S SIGNATURE: _____ DATE _____