

INFORMATION

Name: _____

Birth Date: _____ Age: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

RELEASE

Indicated in the space below are any health problems or conditions of which the studio should be aware (such as heart, back, medical, allergy, muscular, pregnancy, diabetes, epilepsy, chemical or neurological condition, special medication, knee/kidney/shoulder problems, etc.). I understand that risk of *injury* is inherent in any physical activity and I knowingly and voluntarily accept that risk. I, the undersigned, for myself, my heirs, administrators, and executors, hereby waive and release any and all claims or damages of any kind arising out of my presence in the dance studio of Noche Flamenca. I, the undersigned, do hereby authorize Noche Flamenca or their designated agents (being teachers or administrators employed by Noche Flamenca) to obtain medical treatment for myself in emergency situations if needed. I understand that I am responsible for any medical expenses and that the absence of health insurance does not make Noche Flamenca responsible for payment of medical expenses. This authority includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician. This power is in essence a power of attorney and shall remain in effect for one year from the date signed below.

SIGNATURE: _____ Date: _____
