

dancevibe Registration form

Office use: Raffle ticket allocated

Newsletter subscribed

Title (Mr/Mrs other)	Email Address
Name	
Next of kin, in case of emergency Name: Phone: Relationship	Phone Mobile: or other:

Significant medical issues we should be aware of?

Please advise how you found out about dancevibe?

Declaration/Disclaimer:

While all due care will be taken by teachers, they cannot be responsible for improper execution of movement. To help ensure no injury occurs, I agree to adjust my practice according to my personal limitations. The decision to perform any move remains mine alone. I will take full responsibility for myself during dancing. I will also notify teachers before class begins of any injury, illness, surgery, commencement of pregnancy which may affect my ability to perform and practice any of the moves. Any additional practice I do, with or without the teachers present is at my own risk. I accept full responsibility for any injuries sustained to myself, or damage to my property during danceVibe attendance. I release danceVibe from any legal liability. I give consent for danceVibe staff to obtain medical assistance in the case of an emergency. Photos/videos can be used for business/promotion purposes at the discretion of danceVibe's owner. I give permission to danceVibe to send out a newsletter for me to trial. (advise below if not). Strictly no refunds, other than illness and or injury subject to medical evidence.

Date:

Signature:.....