

**PACIFIC STUDIO FOR DANCE
CLIENT REGISTRATION FORM**

Please fill out the following form. This information is confidential and will not be shared with any unauthorized parties without your expressed written consent.

It is important that you provide clear and accurate information regarding your health history in order to adapt exercise and therefore, prevent further injury.

Name: _____ Date of birth: _____

Address: _____

Phone number: _____ Email: _____

Emergency contact: _____ Phone number: _____

HEALTH SCREENING

Do you have, or have you ever experienced, and been treated by a physician for any of the following conditions:

- | | |
|---|--|
| <input type="checkbox"/> Abdominal/bowel disorders | <input type="checkbox"/> Orthopedic/Joint Problems (shoulder, elbow, spine, hip, knee, feet) |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Peripheral Neuropathy (numbness, tingling, diminished sensation) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Diabetes Heart Disease | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Herniated Disk, location: _____ | <input type="checkbox"/> Ulcer |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Gastric Reflux | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Glaucoma | |
| <input type="checkbox"/> Neck Pain | |
| <input type="checkbox"/> Back Pain, location: circle one: upper, mid, lower | |

Additional comments regarding condition: _____

Are you pregnant or planning on becoming pregnant: Yes No

Please list types and dates of any prior surgeries:

Please list your current and past injuries:

Current activity level/ exercise frequency:

High (5-7times/week) Medium (3-4 times/week) Low (0-2 times/week)

I have provided accurate information as requested above:

Print Participant's Name

Participant's Signature

Date

RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND PHOTOGRAPHIC RELEASE AGREEMENT
(Please initial _____)

I, _____ (print name), henceforth, acknowledge that Pacific Studio for Dance, Pacific Dance and Fitness Arts, LLC; its officers, officials, agents, assigns, employees, representatives, heirs, other participants, lessees, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the class/es and/or event/s, will be known as "Releasees".

In consideration of being allowed to participate in any way in fitness activities held at Pacific Studio for Dance, the undersigned acknowledges, appreciates, and agrees that:

1. Risk of injury and/or death from activities involved in this program is significant, including the potential for permanent paralysis, and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, **(Please initial _____)**
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releasees, and assume full responsibility for my participation; and, **(Please initial _____)**
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, **(Please initial _____)**
4. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release, acquit, and hold harmless Releasees with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law, and, **(Please initial _____)**
5. I agree and understand that class/es may be filmed and/or photographed and hereby consent to the use of my name, image, likeness, photograph, and voice in perpetuity by Pacific Studio for Dance, Pacific Dance and Fitness Arts, LLC, its officers, officials, agents, assigns, employees, instructor/s, contactors, representatives, heirs, other participants, lessees, sponsoring agencies, sponsors, advertisers, and others it may authorize in all media now in existence or hereafter developed, and, **(Please initial _____)**
6. I further agree that this document is in force from this date forward and in perpetuity, as long as I am a participant of any class/es, activities, and/or event/s, either continuously or intermittently, sponsored and/or held by Releasees. **(Please initial _____)**

I HAVE READ THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK AND PHOTOGRAPHIC RELEASE AGREEMENT, FULLY UNDESTAND ITS TERMS, AND UNDERSTAND THAT I, MY AGENTS, ASSIGNS, PERSONAL REPRESENTATIVES, HEIRS, AND NEXTOF KIN, HAVE GIVEN UP SUBSTATIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Print Participant's Name

Participant's Signature

Date

FOR PARENTS/ LEGAL GUARDIANS OF PARTICIPANTS OF MINORITY AGE (Under age 18 at time of registration)

This is to certify that I, _____ (print name), as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release of liability, assumption of risk, and photographic release as provided above. I further agree and do consent for myself, my heirs, assigns, personal representatives, and next of kin, to release, acquit, hold harmless, and agree to indemnify Pacific Studio for Dance, Pacific Dance and Fitness Arts, LLC; and aforementioned Releasees, from any and all claims and/or liability, and/or liabilities, arising from my child's participation or involvement in these programs, classes, and/or activities as provided above, even if arising from negligence by the Releasees, to the fullest extent of the law.

Print Parent's Name

Parent's Signature

Date