



# DUNIYA STUDIO - STUDENT REGISTRATION

<b>Teacher:</b>	<b>Location:</b>	<b>Class (day/time/level):</b>	<b>Date Registered:</b>
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<b>First Name:</b>	<b>Surname:</b>
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**Address:**

<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
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<b>Phone:</b>	<b>Mobile:</b>	<b>Email:</b>
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<b>DOB:</b>	<b>Gender:</b>	<b>How did you hear about Duniya Studio?</b>
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**Please list any physical or medical concerns that the teacher should be made aware of:**

**Emergency Contact (name, address, phone, email, relationship):**

## LIABILITY WAIVER AND ACKNOWLEDGMENT OF RISK

### **Please read and sign below**

I understand and agree that in participating in any physical activity, such as a dance lesson, workshop, rehearsal or recital, there is a risk of physical injury. I voluntarily agree, therefore, to assume all responsibility for any such injury or accident which might occur to me during any such activities associated with Duniya Studio and its teachers. I exempt, release, and indemnify Duniya Studio, its owner, teachers, and landlords, from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me or my property which may arise out of or in connection with participation in any class, private lesson, workshop, rehearsal, recital, or other dance-related activity. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Duniya Studio and its associates liable for such damage, loss, injury, or death. I understand that I should inform the teacher of any medical conditions, as well as be aware of my own physical limitations and agree not to exceed them. **I have read, understood and agree to be bound by the above statement.**

<b>Signature:</b>	<b>Date:</b>
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Signature of parent or guardian if student is under 18