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Name:				Birth Date: Home Phone:				Age:		
Address:			Ctoto	7:			one:			
City: State: How did you hear about <b>WDC</b> ?				Zip:		_e-mail:				
HOW	did you near	abou		<b></b>						
				Brief Medica	al Sumr	nary				
Do you have: ☑				Have you had any re	ecent illne	ess/opera	tion/injuries we sh	ould know abo	out?	
	High blood pressure		Seizures							
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				Waiver of	f Liabili	ty				
unde of hi activ <i>I he</i>	ersigned or to s or her use o e or passive r <b>reby, for my</b>	the p of stu neglig r <b>self</b> ,	property of the udio's services gence on the p <i>my executor</i>	sole risk. The studic undersigned, or subje of facilities, including art of the studio, it's or s, administrators ar Lewis, as well as it's	ect to any g, without fficers or <b>nd assig</b>	/ claim, d limitatior teachers. <b>ns, expr</b>	emand, injury or v , those damages essly forever rel	vhatsoever ari resulting from lease and dis	sing out acts or scharge	
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							bomputer input.	jotan initia.		
			Westlak	e Dance Center I	Registra	ation In	formation			
Name:				Birth Date:				Age:		
Address:				_	ł	lome Pho	one:			
City:			State:	Zip:		-mail:				
How	did you hear	abou	It WDC?							
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undersigned or to the property of the undersigned, or subject to any claim, demand, injury or whatsoever arising out of his or her use of studio's services of facilities, including, without limitation, those damages resulting from acts or active or passive negligence on the part of the studio, it's officers or teachers.

I hereby, for myself, my executors, administrators and assigns, expressly forever release and discharge Westlake Dance Center and Sheri Lewis, as well as it's officers and teachers, for all such claims, demands, injuries, damages, actions, or causes of actions.

Signature:

Signature of parent or legal guardian if under the age of 18

Date:

Computer input: Staff initial: Office Use: Class enrolled: