

AGREEMENT AND RELEASE FROM LIABILITY

I, _____, hereby agree to the following:

1) That I am voluntarily participating in Belly Dance Training with Cris! (aka Cristiane Dixon) during which I will receive information and instruction about Belly Dancing technique & choreography. I RECOGNIZE THAT BELLY DANCING REQUIRES PHYSICAL EXERTION WHICH MAY BE STRENOUS AND MAY RESULT IN ACCIDENT OR INJURY. I ASSUME ALL RISK CONNECTED WITH MY PARTICIPATION.

2) I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Belly Dancing and/or Exercise Classes. I represent that I am in good health and suffer from no physical impairment that would limit my participation. I acknowledge that no medical services will be provided by Cris! or by the facilities including medical diagnosis of my physical condition.

3) In consideration of being permitted to participate in Belly Dancing Training, I specifically agree that Cris! shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to my participation in the Belly Dance Training and I agree to hold them harmless from same.

4) I, on behalf of myself, my heirs, assignees, guardians, and legal representatives, forever release, waive, and discharge Cris! from all actions, claims or demands that I, or my heirs, assignees, guardians, and/ or legal representatives now or may hereafter have for any injury, damage or death resulting from my participation in the above-described activities, including any injury, damage or death caused by Cris!'s negligence, and covenant not to sue Cris! in connection therewith.

I HAVE READ THE ABOVE RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. "I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

Signature _____ Date _____

If Participant is under 18 years old, Legal Guardian must sign:

As legal guardian of _____, I consent to the above terms of Release and Waiver of Liability.

Signature _____ Date _____

Guardian Name (print) _____

Participant's Information

Last Name _____ First Name _____

Address _____ Apt _____

City _____ State _____ Zip Code _____

Home phone () _____ Work/Mobile phone () _____

Email _____ Add to Email list? Yes No Birthday _____

Emergency Contact

Name _____ Phone () _____ Relationship _____

Do you have any specific injuries? _____