



THE CENTER FOR  
CONTEMPORARY DANCE

3580 Aloma Avenue #7, Winter Park, FL 32792 ■ TheCenterForDance.org ■ (407) 695-8366

## GUEST/STUDENT WAIVER

### GUEST/STUDENT INFORMATION:

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_

#### For Office Use Only:

COMP

EML

Class: \_\_\_\_\_

Date: \_\_\_\_\_

F/U: \_\_\_\_\_

Notes:

CENTER Rep: \_\_\_\_\_

Do you have dance training? \_\_\_\_\_ If yes, where did/do you take classes? \_\_\_\_\_

How did you hear about THE CENTER FOR CONTEMPORARY DANCE? \_\_\_\_\_

I was referred by a CENTER student. Name: \_\_\_\_\_

Are you interested in becoming a student? \_\_\_\_\_  If yes, 3 or more family members will share my Dance Card

Check if applicable:  College Student  Senior (age 55+)  Professional Dancer  CENTER Parent

**INSURANCE DISCLOSURE:** THE CENTER FOR CONTEMPORARY DANCE, INC. hereby represents that it maintains general liability insurance limited to \$1,000,000 per occurrence and \$2,000,000 aggregate combined single limited for bodily injury and property damage.

**WAIVER, RELEASE AND CONSENT:** I hereby state that the guest/student is physically and mentally capable of safe participation in THE CENTER FOR CONTEMPORARY DANCE, INC. ("THE CENTER") activities and will abide by the posted *POLICIES AND PROCEDURES OF THE CENTER FOR CONTEMPORARY DANCE*. I understand that THE CENTER assumes no responsibility for injuries or illness which the guest/student may sustain as a result of his/her physical condition or resulting from his/her athletic activities, the programs, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume the risk for any and all injuries and illness which may result from the guest/student's involvement in these activities, whether on or off THE CENTER's premises. I hereby release and discharge THE CENTER, its agents, servants and employees from any and all claims for injury, illness, death and loss or damage which the guest/student may suffer as a result of his/her participation in these activities. I understand that THE CENTER is not responsible for personal property lost or stolen on THE CENTER's premises or any other premises where THE CENTER may conduct its events. I give my permission to THE CENTER to use, without limitation or obligation, photographs, film footage or tape recordings of the guest/student for the purpose of promoting THE CENTER's programs or providing instruction in dance education. I explicitly give my consent to THE CENTER's instructors to gently lay their hands on the guest/student for purposes of dance instruction.

**I ACKNOWLEDGE AND ACCEPT THE WAIVER, RELEASE AND CONSENT SET FORTH ABOVE.**

\_\_\_\_\_  
SIGNATURE OF  GUEST/STUDENT  PARENT  GUARDIAN

DATE: \_\_\_\_\_

GUEST/STUDENT NAME: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM STUDENT): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

**MEDICAL RELEASE AND HISTORY**

*For informational purposes only. Guest/student may be required to provide medical authorization prior to participation.*

<b>HEALTH STATEMENT</b>	<b>NO</b>	<b>YES</b>	<b>IF YES, PLEASE EXPLANATION</b>
Respiratory problems – Asthma, persistent cough, etc.	_____	_____	_____
Heart problems – High/low blood pressure, chest pain, etc.	_____	_____	_____
Kidney, Stomach, Gall Bladder or Liver problems	_____	_____	_____
Diabetes, Hypoglycemia	_____	_____	_____
Recent fractures, illness, exposure to contagious diseases, etc.	_____	_____	_____
Eye, ear, nose or throat problems – Skin disease	_____	_____	_____
Allergies – Bee stings and bites, plants, food, penicillin, etc.	_____	_____	_____
Nervous disorders – Epilepsy, convulsions, dizziness, etc.	_____	_____	_____
Emotional disorders – Frequent anxiety, excessive fears, etc.	_____	_____	_____
Any hospitalization in the last two (2) years?	_____	_____	_____
Any physically limiting conditions?	_____	_____	_____
Currently taking any medications?	_____	_____	_____
Student WILL be bringing medication to program.	_____	_____	_____
Other: _____			

**I AUTHORIZE THE CENTER FOR CONTEMPORARY DANCE, INC. TO OBTAIN MEDICAL TREATMENT FOR THE GUEST/STUDENT IN THE EVENT OF AN EMERGENCY.**

\_\_\_\_\_  
SIGNATURE OF  GUEST/STUDENT  PARENT  GUARDIAN

DATE: \_\_\_\_\_

Family Physician/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Location: \_\_\_\_\_