

C2C Dance Fall Session 2024

Child's Name: _____

AGE: _____ (Age 4 by Start of Session-Oct 3rd)

Parent/Guardian Name: _____

Best cell # to be Reached: _____

In case of cancellation or any changes

RATE: 1 day/wk: \$80

Thursdays: Oct 3rd – 17th & Nov 7th – 21st (6 classes)

Session Fee: \$80

Cash

Check - # _____

*Check payable to C2C

Visa or MC

Card # _____ EXP. Date _____

PLEASE READ AND SIGN, UNSIGNED RELEASES WILL CONSTITUTE AN INCOMPLETE APPLICATION

A. I understand that the above activity is or may be dangerous and do or may involve risk of injury, loss, or damage. I further acknowledge that such risks may include but not be limited to bodily injury, personal injury, sickness, disease, death, and property loss or damage, arising from the following circumstances among others.

B. By signing this RELEASE AND INDEMNIFICATION AGREEMENT, I hereby expressly assume all such risks of injury, loss, or damage to me or to any related third party arising in any way related to the activity listed above, whether or not caused by the act, omission, negligence, or other fault of C2C Fitness Club, its officers, its employees, its volunteers, or by any other cause.

C. By signing this RELEASE AND INDEMNIFICATION AGREEMENT, I further hereby exempt, release, and discharge C2C Fitness Club, its officers, and its employees, its volunteers, from any and all claims, demands, and actions for such injury, loss, or damage, arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of C2C Fitness Club, its officers, its employees, its volunteers, or by any other cause. I agree that photographs taken of me during such activities may be used for promotional purposes.

D. Parent/Guardian Medical Consent (to be signed if participant is under age 18):

As the parent or legal guardian, I authorize Choose 2 Change Fitness Club staff to render first aid to the above-named minor child in the event of injury. Also, I authorize a licensed medical professional to examine this minor child and, in the event of injury, to render such care as he or she deems necessary for the treatment of such injury. I further authorize Choose 2 Change Fitness Club to send this child to the hospital or licensed medical professional most accessible in the event of an injury or accident.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____