

Armetta's



Armetta's Grand Jeté Studio of Dance
17 E. Main Street, Macungie 610-393-5225

Trial Class Release Form

| | | |
|-----------------------------------------------------------|--------|----------|
| Name | | |
| Address | | |
| City | State | Zip Code |
| Tel #1 | E-mail | |
| Any health or physical restrictions, including allergies? | | |

I _____, understand the physical demands and risks associated with the activities and policies of "Armetta's Grand Jeté Studio of Dance". I have disclosed any medical and all physical or other conditions and/or limitations that might affect my participation. I hereby release and remise, "Armetta's Grand Jeté Studio of Dance", and all of its employees, agents, and others assisting in the instruction or participation of my self, from any and all liability or claim resulting from any Studio activity.

Signature

Date

Office use Only:

Date: _____

Class Day/Time: _____

Checked up: _____

Admin/Email complete _____