



## Trial Class Form

**Welcome to *Kats Dance Centre & Performing Arts* and thank you for joining us today!**

Whether you were invited by a friend, found us online, or via social media, we are glad you are here and sincerely hope you will consider joining our KDCPA Family. To help us learn a little more about you and your experience today, we ask that you provide some basic information and circle the classes you are interested in trying. Please call or email us to speak with a member of our staff, should you have any questions about class offerings.

PARENT/GUARDIAN NAME(S): \_\_\_\_\_  
*\*Students over 18 - Please provide name & number of emergency contact.*

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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

STUDENT NAME: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE LIST ANY MEDICAL CONDITIONS: \_\_\_\_\_

Tiny Tots (20 MOS – 2 YR )	Mini Movers (3-4 YR)	Ballet	Acro	Jazz
Tiny Tumblers (3-6 YR)	Pre-Ballet (3-6 YR)	Hip Hop	Tap	Lyrical*
Move & Groove (4-6 YR)	Pop Jazz*	Pointe*	Musical Theater	Competition
Adult Classes	Zumba/Fitness	Private	Virtual	

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*This section is for KDCPA staff only.*

*Teaching Staff – Please use this section to provide a brief summary on the student. Please confirm if the student was engaged/actively participated, was a good fit ability/age-wise, and concerns you may have or issues observed.*

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\*Approval from the Director and/or Ballet teacher is required.



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

*KAT'S DANCE CENTRE & PERFORMING ARTS*

PLEASE PRINT—You must fill out form completely or processing will be delayed.

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

I HEREBY WAIVE, RELEASE, AND DISCHARGE *Kat's Dance Centre & Performing Arts* and all divisions thereof of any and all liability and responsibility for injuries, sickness, pandemics, accidents, natural disasters and/or acts of God incurred during participation in and/or instruction of camps, intensives, private instruction, choreography or any activity I may participate.

I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Kat's Dance Centre & Performing Arts and/or their directors, officers, managers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this waiver, release and registration form from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Print Participant's Name

\_\_\_\_\_  
Signature (if under 18, parent/guardian to sign below)

PARENT/GUARDIAN WAIVER FOR MINORS (Only if student is under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Signature of Parent or Guardian \_\_\_\_\_