

# The MOVEMENT Xperience of lake houston

7515 Tournament Trails Drive  
Humble, TX 77346  
281-812-3883

## Adult Tap Registration Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

### CLASSES TO BE REGISTERED FOR:

Day	Time	Class
Thursday	7:30-8:15	Adult Tap

Session is 6 weeks. Payment of \$75 is due at registration. Payment can be made as cash, check to TMX, or Zelle to [victoria@themovementxperience.com](mailto:victoria@themovementxperience.com). Credit card payment is also excepted with an additional processing fee added. Additional sessions may be available after this one. Drop-in classes are available for \$15 a class.

\_\_\_\_\_ Initial Here that you have read the payment guidelines.

### WAIVER OF LIABILITY & PERMISSION FOR MEDICAL TREATMENT

IN CONSIDERATION OF PARTICIPATION IN THE ACTIVITY PROGRAMS AND USE OF THE FACILITIES, I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY INJURIES TO MYSELF/MY CHILD, AND RELEASE, INDEMNIFY, AND HOLD HARMLESS ALL INSTRUCTORS, EMPLOYEES, OWNERS, AND INDEPENDENT CONTRACTORS OF THE MOVEMENT XPERIENCE FROM ANY AND ALL CAUSES OF ACTION, LIABILITIES, INJURIES (INCLUDING DEATH) THAT MAY OCCUR FROM SUCH INDIVIDUAL'S PARTICIPATION. I FULLY UNDERSTAND AND ASSUME ALL RISKS INVOLVED IN SUCH ACTIVITY. I ALSO AUTHORIZE THE NECESSARY STEPS REGARDING MEDICAL ATTENTION FOR MYSELF/MY CHILD IN THE EVENT OF AN INJURY OR ILLNESS AND GIVE CONSENT FOR THE MOVEMENT XPERIENCE TO OBTAIN MEDICAL ASSISTANCE AND TREATMENT.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Drop off form at the studio or Email Registration form back to [danceinfo@themovementxperience.com](mailto:danceinfo@themovementxperience.com).