

**Please PRINT, SIGN, DETACH, and MAIL with Payment to:
THE DANCE WORKSHOP, 9015 W. 151ST, ORLAND PARK, IL 60462**

Class Name	Days	Time	Student's Name	BirthDate: Mo./Day/Yr.	Grade 09/01/08	Class Fee
NOTE: Registration without payment will not be accepted. Phone reservations NOT accepted. No refunds/credits unless class(es/camps/workshops) cancelled.				Instructors subject to change without notice		TOTAL DUE/ENCLOSED \$

I do hereby fully release and discharge The Dance Workshop, its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I (or dependents under 18 years of age) may have or which may accrue to me (or dependents) on account of my (their) participation in the above The Dance Workshop sponsored activities.

I further agree to indemnify and hold harmless and defend The Dance Workshop, its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me (or dependents under 18 years of age) and arising out of, connected with, or in any way associated with these activities sponsored by The Dance Workshop.

Signature _____
 (Parent's signature if participant is under 18) Date _____ Print Name _____

Student's Address: _____

Phone Numbers: Home: _____ CELL: _____
 Work: _____