

NEW STUDENT REGISTRATION & LIABILITY WAIVER

Name: _____ Age: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

How did you hear about Zachary J. Frazee? _____

Do you have previous dance training? _____ If yes, please list below:

Do you have any special health concerns (pregnancy, high blood pressure, osteoporosis, etc.)?

Do you have any previous injuries/illnesses that Zachary J. Frazee should know about?

Zachary J. Frazee's services consist of physical exercise. Dance and movement practices consist of a series of postures that bend, stretch and compress every part of the body. This practice stimulates glands, circulation, respiration and the nervous system. If you have any physical/medical problems, you must inform your physician and Zachary J. Frazee before beginning.

When performing the exercises, listen carefully and follow Zachary J. Frazee's directions. DO NOT STRAIN OR FORCE YOURSELF BEYOND YOUR NATURAL FLEXIBILITY. Zachary J. Frazee is not responsible for any injuries resulting from your failure to follow his directions, from an existing physical/medical problem or from forcing yourself beyond natural limitations.

I, _____, hereby intend to be legally bound for myself, and I waive and release any and all claims for damages I may have against Zachary J. Frazee for any and all injuries suffered while engaging in the training provided to me, and agree to hold Zachary J. Frazee harmless and indemnify it for any incident(s) arising from my use of his services.

I have read and understood the above.

Signature: _____ Date: _____

Parent/Gaurdian Signature: _____ Date: _____
(if under 18 years old)

**PLEASE PRINT AND FILL OUT FORM AND SUBMIT TO ZACHARY J. FRAZEE VIA EMAIL
(ZACHARYFRAZEE11@GMAIL.COM) OR IN PERSON**