



520-670-1301
breakoutstudiostucson.com
breakoutstudiostucson@gmail.com

Life moves... Move with it.

Student Registration

Name: _____

Date of Registration: _____

Address: _____

Zip Code: _____

Cell Phone #: _____

Date of Birth: _____

Email: _____

How did you hear about us? _____

your email will be entered into our info and newsletter system

Emergency Contact Name: _____

Phone Number: _____

Relation: _____

Liability Waiver. I _____, understand that my participation in the 2016-2017 season (BreakOut Studios) may result in injury. I acknowledge that certain types of injuries are common among dance related classes/events and that I am assuming the risk of such injury by participating in 2016-2017 season (BreakOut Studios). In the event of injury, I authorize BreakOut Studios Inc. to obtain necessary medical treatment on my behalf. I understand that a BreakOut Studios LLC., the host venue, Todd Wilson, Craig Wilson Jodi Wilson, employees, teachers, assistants, staff, crew or other guests are not liable for personal illness, injury, damage or loss to personal property. I understand that I will be responsible for any and all medical and related bills that may incurred for any illness or injury that I may sustain in classes or events. I also understand I may be declined to participate in any class or activity.

Appearance Agreement. I understand that as a participant in and or a spectator of the 2016-2017 season (BreakOut Studios). I may be included in videotapes or photographs taken during the classes/event. I agree to be photographed and or videotaped and that my name, face, likeness, voice and appearance may be used in advertising and promoting events for BreakOut Studios.

*By signing this document, I have read and understand the policies, rules and regulations for the 2016-2017 season (BreakOut Studios).

Client Name (Print): _____

Client Name (Signature): _____ Date: _____

If under 18...

Legal Guardian Name (Print): _____

Phone #: _____ Email: _____

Legal Guardian (Signature): _____

*Registration must be completed and turned in before participant can attend class or event

BreakOut Staff:
Entered In: Initials: Date:
MB
MC