



ADULT DANCE PARTY REGISTRATION FORM

CONTACT INFORMATION

Name _____ Gender: M F

Address _____ City: _____ Zip Code: _____

E-Mail _____ Cell Phone _____ Home Phone _____

Number of guests expected: _____ Guests Age Range _____

Additional Notes/Special Request:

PLAN YOUR PARTY

PARTY THEME (*circle one*)

Stiletto Line Dance Disco Praise Dance Ballroom Other _____

DATE REQUESTED & TIME: Please provide two options.

Option 1: Date: _____ Time: _____

Option 2: Date: _____ Time: _____

- Payment includes 3 hour studio rental, set up and breakdown, and 1 hour dance class.
- \$150 deposit needed to hold the date.
- You must cancel within 48 hours to receive a full refund. **NO REFUND AFTER 48 HOURS.**
- The completion of this form does not guarantee your requested time and date.
- You will receive a phone call for confirmation. Return form and payment to:

Legacy Dance Studio, 990 Quail Creek Road, Shreveport, La. 71105 or Fax to: 318-686-2910
 For more information: Call 318-213-0673, or email cdcllc2002@yahoo.com

***** OFFICE USE ONLY *****

Please make check payable to Legacy Dance Studio

Payment Options:

Check # _____ Amount \$ _____ Credit Card: () VISA () Master Card

Payment received by: _____ Date: _____

TERMS OF AGREEMENT:

- Please complete and return this agreement along with a \$150.00 deposit.
- The remaining balance is due on the party date as soon as you arrive.
- Pay remaining balance by credit card or money order. **NO CHECKS.**
- Notify Legacy Dance Studio immediately of any change in plans or of a cancellation.
- Must cancel with 48 hours. **NO REFUND** will be given after **48 HOURS**.
- Host should arrive 30 minutes before the party time.
- All party participants must be dressed in proper attire.
- No Smoking, Alcoholic Beverages, or Illegal Drugs on the studio premises. You will be asked to leave without refund of fees.
- NO adults will be allowed on the dance floor except the participants and Legacy Dance Studio's Instructors.
- If there are special needs guests, please inform the staff ahead of time so that arrangements can be made.

PHOTO RELEASE:

I authorize that LEGACY Dance Studio to use all photographs or videos taken of me or guest during the Birthday Party for advertising, instructional, and/or promotional material.

MEDICAL RELEASE AND ASSUMPTION OF RISK:

I understand that there are risks of physical injury associated with, arising out of and inherent to the activity of dance. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all right and/ or causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue to Legacy Dance Studio, it' officers, agents, employees, instructors, subsidiaries, parent corporations, and all affiliated entities (hereinafter collectively referred to as "Legacy Dance Studio").

I hereby agree to release Legacy Dance Studio and hold Legacy Dance Studio harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in dance on behalf of the participant.

I am aware that this is a release of liability and an acknowledgement of my voluntary and knowing assumption of the risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation.

I also give Legacy Dance Studio permission to use videos and/or pictures of any form to advertise for Legacy Dance Studio or a Legacy Dance studio affiliated event.

SIGNATURE _____ DATE: _____