

Sensação Dance Fitness Studio

(SEN-suh-zow)

OFFICE USE ONLY:

CARD # _____ Paid: \$ _____ Minus: _____

Name: _____ [] F [] M
FIRST LAST

ZIP CODE: _____ Birthday: _____ (we DO NOT share ANY information)
MONTH - DAY - YEAR







For applicable cancellation notices, receipts, and more:

E-MAIL: _____ Phone: _____

Who should we thank for bringing you to our studio today?

[] Sensação Member/Instructor (Full Name): _____

[] SENSAZAO.COM [] WALK-IN [] Groupon

[]  []  []  []  []  [] 

Every replacement key card is \$5. If you have lost your 1st free key card and do not want a replacement, a valid Driver's License must be presented at front desk for sign in.

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY FOR CLASSES OFFERED BY SENSAZÃO

This agreement is by and between all currently employed instructors (herein referred to as the Sensação Dance Fitness Instructors). The Sensação Dance Fitness Studio (herein referred to as the Dance Fitness class facility) and the individual whose name is printed above and signed below (herein referred to as the participant).

1. I am participating in Sensação classes, offered by Sensação instructors and during which I will receive information and instruction in Dance Fitness. I recognize that Sensação classes require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Sensação classes. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Sensação classes.
3. In consideration of being permitted to participate in Sensação classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown which might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in Sensação classes, I knowingly, voluntarily, and expressly waive any claim I may have against the certified instructors for damages and injury including death that I may sustain as a result of participating in Sensação classes.
5. I, my heirs, or legal representatives forever release, waive, discharge, and covenant not to sue the Sensação instructors for any injury or death cause by my voluntarily participation in the Sensação classes.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above and on the Sensação Rules and Policies document available on the website. This agreement remains in effect for as long as I participate in Sensação classes.

SIGNATURE

DATE

OFFICE USE ONLY COMPLETED BY: _____ DATE: _____