

**FOR OFFICE USE ONLY**

Date of Trial Class(es): \_\_\_\_\_

Pulse Level: \_\_\_\_\_

- Twinkle Two's    Boogie Babies Ballet/Jazz
- Hip Hop (Ages 3-5yrs)    Kinder Kids
- Ballet    Jazz    Tap    Stretch & Conditioning
- Hip Hop    Technique    Acrobatics
- Musical Theatre    Song & Dance
- Other: \_\_\_\_\_

**NOTES:**



**PARTICIPANT FORM 1 of 2**

**(for Trial Class(es)/Free Class(es) Observation & Participation only)**

**(Please PRINT CLEARLY below)**

DATE: \_\_\_\_\_  
(mm/dd/yyyy)

NAME OF STUDENT/PARTICIPANT: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_  
**(PRINT CLEARLY)**

BIRTHDAY: \_\_\_\_\_ AGE: \_\_\_\_\_ THIS IS MY \_\_\_\_\_ YEAR AT PULSE DANCE WORKS INC.  
(mm/dd/yyyy) (# of years)

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ PROVINCE: Ontario POSTAL CODE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ CELL/BUSINESS #: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ CELL/BUSINESS #: \_\_\_\_\_

MEDICAL INFORMATION:  No  Yes (if "Yes", please list below medical conditions, allergies, injuries etc.):

\_\_\_\_\_  
\_\_\_\_\_

STUDENT PRIOR DANCE EXPERIENCE:

- NO
- YES (please answer the below questions)

-What dance studio(s) did you previously train at or currently train at: \_\_\_\_\_

-Which styles of dance did you study & how many years of training for each dance discipline: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU HEAR ABOUT US:  Website  Street Sign Board  Festival  Instagram  Facebook  
 Walked/Drove By  Referred By: \_\_\_\_\_  Other: \_\_\_\_\_

PARENT/GUARDIAN/STUDENT (if over 18yrs) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**PULSE DANCE WORKS INC. – PARTICIPANT FORM 2 of 2**  
**(for Trial Class(es)/Free Class(es) Observation & Participation only)**

**AGREEMENT:** I agree that Pulse Dance Works Inc., Nadine N. Varga, Rachel M. Lepera-Martelle, Domenic Lepera, and staff/volunteers, will not be held liable nor responsible in any way for any injuries, illness, death or lost/stolen articles. I also understand that Hip Hop Music, although edited to remove extreme profanity and be as age appropriate as possible, may still contain mature subject matter and possible adult content. I also agree to grant Pulse Dance Works Inc. permission to utilize photos and videos taken at Pulse Dance Works Inc. and/or at a Pulse Dance Works Inc. yearend Showcase and/or at dance competitions Pulse Dance Works Inc. partakes in, of the named student/participant for promotional use at no charge today or hereafter & without any financial obligations to Pulse Dance Works Inc. I also understand that Pulse Dance Works Inc. has the right to refuse and/or terminate my participation and/or observation in any of their classes at any time and without prior notice or cause. I also understand and agree not to take any photo's, voice recordings or videos at Pulse Dance Works Inc. under any circumstances without prior written consent from Pulse Dance Works Inc.

**PAYMENT:** I understand that there are no fees to be paid to try out a complimentary class. I do understand that should I wish to fully register for the class(es) in which I am trying out, I will then be charged accordingly as entailed in the program information package for which I am able to register for.

**AWARENESS AND ASSUMPTION OF RISK:**

I am aware that all forms of dance, acrobatics/gymnastics, aerobics and Zumba involve risks including possible body strain, personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of Pulse Dance Works Inc., its directors, instructors, class assistants, guest instructors, volunteers, other participants and owners of facilities where Pulse Dance Works Inc. related activities may take place outside of Pulse Dance Works Inc. facility (example: dance competitions, theatres etc.). I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:**

1. I agree to waive any and all claims that I may have in the future against Pulse Dance Works Inc. and Others including dance competitions attended.
2. I agree to release Pulse Dance Works Inc. Nadine N. Varga, Rachel M. Lepera-Martelle, Domenic Lepera and Others from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory care.
3. I agree to hold harmless and indemnify Pulse Dance Works Inc. and Others including dance competitions attended, from any and all liability for any damage to property of, or personal injury to, any third party, resulting from participation in this activity.
4. I agree that this agreement is binding on not only myself, but my next of kin, heirs, executors, administrators and assigns.

**PARTICIPANT CONSENT AGREEMENT:**

1. I warrant that the participant named on this form is physically able to participate in all dance forms and/or acrobatics/gymnastics and/or aerobics and/or Zumba.
2. I declare that I have accurately disclosed all information regarding physical, emotional and or mental conditions affecting the named participant and acknowledge that this information may be used by Pulse Dance Works Inc. and Others to use in the delivery of a dance/acrobatics/gymnastics/aerobics/Zumba program.
3. I understand that Pulse Dance Works Inc. has tried to create a safe and controlled environment for participation and that the studio has established rules for participation in and about the lobby, coatroom, and classroom studios that must be followed by the participant and their guardian(s) if under the age of 19 years. I understand that failure to comply may result in the suspension or termination of membership and participation at Pulse Dance Works Inc.
4. I hereby give permission for emergency medical treatment to be administered to the named participant.
5. It is understood that whenever reasonably possible, relatives will be contacted and informed of the problem, diagnosis, treatment required and anticipated medical results.
6. I hereby, where applicable, give permission for myself (19yrs or older) or my daughter or son (or person to whom I am the legal guardian) to participate in dance/acrobatics/gymnastics/aerobics/Zumba.

**I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST PULSE DANCE WORKS INC. AND OTHERS.**

*This contract is governed by the laws of the City of Markham and York Region, Ontario, Canada.*

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(day) (month) (year)

\_\_\_\_\_  
Name of Participant (print clearly)

\_\_\_\_\_  
Name of Parent or Guardian of Participant (print clearly)

\_\_\_\_\_  
Signature of Parent or Guardian or Adult Participant over the age of 19yrs