REGISTRATION FORM JUDI KING SCHOOL OF DANCE

Student Name:			
Student Address:			
City	State	Zip	
Parent or Guardian Nam	e:		
Email Address:			
Phone Number: Mom:	Da	Dad:	
Birthday:	Student's Age	Grade	
GENERAL	RELEASE OF LIAB	BILITY	
I,A M ofA M Judi King School of Dance from tained by the aforementioned m Judi King d/b/a Judi King Scho	n any and all liability for acc ninor while studying dance u	idents or injuries sus-	
Parent/Guardian:	Date	Date:	
	cial Media & Video R		
I,tvideo/audio ofto describe the spection and further releases Juclaims, including but not limite olation of any right of publicity specific claim does not limit the sent shall be irrevocable.	irposes without limitation or add King d/b/a Judi King Schood to, those based on libel, inv. The absence of, or lack of	reservation or prior in- pol of Dance from all vasion and privacy or vi- explicit mention to a	
Parent/Guardian:	Date	e:	