



Registration Form Main Studio

Day/Class/Time: _____

Participant Name: _____ Age if under 18: _____

Parent/Guardians Name: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

Home Phone: _____ Work Phone: _____

Allergies/Medical Conditions:

Authorization for Emergencies: Please list any additional person(s) to contact in case of an emergency:

Name	Relationship	Phone #
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In case of severe life threatening injury, I do hereby give permission to the Art In Motion Instructor or staff to call emergency medical personnel or to call a physician for participant. I hereby agree to pay for such emergency care and request that Dr. _____ is to be called. Doctor's phone number is _____.

I, the undersigned, parent or guardian, agree to waive, release and hold Art In Motion Reno LLC, all its agents harmless from all suits, claims, demands of liability of any kind and character arising out of and in conjunction with this program by Art In Motion Reno LLC. It is understood that recreational activities involve an element of risk or danger of accidents and acknowledging this, voluntarily assume all risks of injury to participants. I agree that my child or ward will adhere to all program rules.

SIGNATURE OF PARENT OR GUARDIAN DATE