

College of the Ouachitas

One College Circle

Malvern, AR 72104

Community Education Registration

Ballroom Dance

NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ HOME PHONE _____

WORK PHONE _____ MESSAGE PHONE _____

EMAIL _____

COURSE NAME _____

STARTING _____ TIME _____

LOCATION _____

You will need to pay our accounts receivable department before this date in order to secure your place.

You may make payment in any of the following ways. Our mailing address is:

College of the Ouachitas

Accounts Payable

One College Circle

Malvern, AR 72104

You may call Accounts Payable at 501-332-0237 and pay with a credit card. Or you may also come to the Accounts Receivable Department, Monday – Friday between 8 a.m. – 4:30 p.m. and pay in person.

BALLROOM DANCE TEACHER LIABILITY
STUDENT WAIVER AGREEMENT

I, _____ (print name), understand that ballroom dancing is a physical activity.

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. My signature acknowledges I understand that in Ballroom Dance class I will progress at my own pace. If I experience any pain or discomfort, I will listen to my body, and ask for help from the teacher. If at any point I feel overexertion or fatigue, I will respect my body's limitations and I will rest before I continue dancing.

Ballroom dancing is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to continue dancing. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Tony Gunn (instructor) or College of the Ouachitas.

By signing my name below, I acknowledge that participation in ballroom dancing exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release Tony Gunn and College of the Ouachitas from any and all liability, negligence or other claims arising from or in any way connected with my participation in Ballroom Dance class.

My signature further acknowledges that I shall not now or at any time in the future bring any legal action against Tony Gunn or College of the Ouachitas; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. My signature verifies that I am physically fit to participate in ballroom dance class and a licensed medical doctor has verified my physical condition for participation in this type of class.

If I am pregnant or become pregnant or am post-natal, my signature verifies that I am participating in ballroom dance class with my doctor's full approval. I realize that I am participating in ballroom dance class at my own risk.

My signature is binding to this liability waiver from this day forth.

Signature of student, parent, or guardian

Date