

Class Agreement

Participant Information:

Name: _____ Instructor Name _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code _____ Country _____

Phone: _____ Alt. phone: _____ Email: _____

How did you first hear about Dancing For Birth™? _____

Is this your first DFB class? _____ Instructor of prior class: _____

List any prior dance experience _____

Are you Pregnant? _____ EDD: _____ Postpartum? _____

Postpartum with Newborn in attendance? _____

Your birth date (mm/dd/yy) _____ Baby's birth date _____

Have you taken any childbirth preparation classes? _____ What type? _____

If not, do you plan to? _____ What type? _____

How far did you travel to take this class? _____

"I'm attending this class..." Please number in order of importance (1 high to 6 low)

- to gain knowledge for my health to bond with my baby for fitness
- for the love of dance for camaraderie with other women

Terms:

- I agree that the concepts, principles and teachings of this class are the intellectual property of Stephanie Larson and Dancing For Birth™. I will not use them to develop other concepts, principles, teachings, presentations, approaches, workouts, workshops, classes, products, writings or publications.
- I agree that any photos or video taken at this class belong solely to Dancing For Birth™.

Waiver/Release:

My/our participation in this class is voluntary and at my own risk. I/my child have no health problems which would prohibit my/our participation. I release Dancing For Birth™, respective owners, instructors and assigns from any liability for any claims, demands, injuries, actions or causes of action to my person, to my child, or to my property arising out of or connected with the class or the use of the services, equipment or facilities provided by Dancing For Birth™. I understand that the activities may be physical, strenuous and risk bodily injury and I accept responsibility. I have carefully read with a full, definite and clear understanding the foregoing provisions and freely enter into the agreement of the waiver/release.

I understand and agree to comply with all points of this Agreement.

Print Name _____

Sign Name _____ Date _____