

# 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 \_\_\_\_\_