



Owner/Operator - Michaëla Chevalier  
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**Student Information:**

Last Name(s): \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

Email(s) \_\_\_\_\_

**Release from Liability**

By my signature below, I certify that I am physically able to participate in the ballroom dance classes/lessons offered by Dancing in the Rain. I do hereby agree that Dancing in the Rain, the owner/operator of Dancing in the Rain, the studio/facility where the classes/lessons take place and the owner, lessee and/or employees of the studio/facility are not responsible or liable to me for any injury, accident or loss of personal property. I do hereby release Dancing in the Rain, the owner/operator of Dancing in the Rain, the studio/facility where the classes/lessons take place and the owner, lessee and employees of the studio/facility from any claim or cause of action which may have occurred as a result of any medical problem known or unknown which I have knowledge presently or in the future. I verify no promises or guarantees were made to me by Dancing in the Rain, its owner or the owner, lessee or employees of the studio/facility. I agree to follow Dancing in the Rain instructional guidelines and to cooperatively utilize the studio with other students. Failure to do so may result in cancellation of my lessons.

**I certify that I have read this statement and agree to the terms herein.**

Student's Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parent's Signature (if Student is under 18) \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_