



Key Tag: \_\_\_\_\_

# The Collective 2021-22

Treehouse Member \_\_\_\_\_ Non-Member \_\_\_\_\_

Dancer Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Non-member agreement:** I understand that I am required to check in at the front desk with a Jazz Dancer key tag when I am at the club. I am to arrive no more than 15 minutes before and leave no more than 15 minutes after my dance class. I understand that if I am caught using the facility for any other reason, I will no longer be allowed entry in the club. I understand if I lose my key tag it is \$5 for a replacement tag. \*Parents or guardians dropping off or picking up dancers are required to sign in at the Front Desk before entering the club.

Initial: \_\_\_\_\_

## LIABILITY WAIVER

The undersigned, on behalf of myself, my heirs and next of kin, personal representatives, agents, insurers, and successors, understands and agrees that during and surrounding this event he/she is attending inside said TREEHOUSE ATHLETIC CLUB (the club) and using the common areas in and outside the Club, does so at his or her own risk. TREEHOUSE ATHLETIC CLUB shall not be held liable for any damages arising from personal injuries sustained in, on, or about the premises of said Club, or offsite locations and does hereby fully and forever release and discharge the Club and its insurers, claims demands, causes of action or losses of any kind or nature, past or present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of said TREEHOUSE ATHLETIC CLUB. I hereby certify that I know of no medical problems that would increase my risk of illness or injury as a result of my participation in an exercise program. I recognize that the exercises are not without varying degrees or risk to the musculoskeletal and/or cardio-respiratory system.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE PURPOSE, MEANING AND INTENT OF THIS DOCUMENT

\_\_\_\_\_  
Parent/Guardian Signature (if participant is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature (if over 18)

\_\_\_\_\_  
Date