

Abigail Simon

Dancer. Actor. Model. Teacher.

Dancer Profile | Private Ballet Lessons.

Name: _____ Date: ___/___/___
Address: _____ City: _____ State: _____ Zip: _____
Best Phone: _____ Email Address: _____
Birth Date: ___/___/___ Occupation: _____

What are your specific ballet / dance goals:

List all previous and current activities / performing arts / sports:

Describe your present physical condition:

Physical History: Describe your physical history, listing injuries, ailments, illnesses, surgeries, pregnancies, and any other significant medical treatments. Check all body parts that are involved. Where appropriate, please specify Right (R) or Left (L). Also, please note anything else we should be aware of.

___ Head. ___ Neck. ___ Shoulder. ___ Arm. ___ Hand. ___ Upper Back. ___ Middle Back.

___ Lower Back. ___ Ribs. ___ Abdomen. ___ Hips/Pelvis. ___ Knee. ___ Ankle/Foot.

How did you find out about Abigail Simon Private Lessons: _____



Liability Waiver and Release.

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in a physical activity and fitness program (the "Activity") offered with Abigail Simon (the "Teacher").

Having such knowledge, and in exchange for the opportunity to attend and participate in the Activity, I acknowledge and agree that a variety of risks may exist as a result of participating in the Activity, including, but not limited to, bodily injury, disability or possible death.

To the fullest extent permitted by law, I voluntarily release and agree to hold harmless the Teacher, its successors, assigns, board members, managers, members, officers, employees and agents from any and all actions, causes of action, suits, liabilities, losses, damages, claims or expenses, whatsoever, for negligence or otherwise, which I now have or may hereafter have arising in any way from participating in the Activity.

I understand that correct physical placement and body alignment are necessary in order for movement to be properly executed. I understand and agree that instructors may need to touch my child within a class setting for correctional purposes.

I hereby agree to assume any and all risks connected with my participation in the Activity and consent to participate in the Activity. I further affirmatively state that I do not suffer from any types of ailments, illnesses or disorders that affect or may affect my ability to participate in the Activity.

I acknowledge that the intentions of this Liability Waiver and Release are to reasonably protect the Teacher's interest. Accordingly, I agree that in the event any provision of this Liability Waiver and Release is construed to be unenforceable for any reason, the enforceability of the remaining provisions will not be affected. I further agree that this Liability Waiver and Release binds members of my family, my estate, heirs, personal representatives and/or assigns.

I ACKNOWLEDGE THAT I AM FREELY AND VOLUNTARILY EXECUTING THIS LIABILITY WAIVER AND RELEASE AND FULLY UNDERSTAND ITS MEANING.

PLEASE NOTE: THERE IS A 24 HOUR CANCELLATION POLICY IN PLACE. IF YOU CANCEL WITHIN 24 HOURS OF SCHEDULED PRIVATE LESSON, FULL PAYMENT SHALL BE MADE.

AGREEMENT:

Signature: _____

Date: ___/___/___

Printed Name: _____

