

**NEW CLIENT DATA SHEET**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ORIENTATION DATE: \_\_\_\_\_

By signing below, I attest that I have read and agree to follow the policies outlined in Suzie's Studio "Information Packet" dated September 20, 2019.

I agree to release Suzie's Studio, teachers and students here, and businesses associated with 425 Irwin Street harmless from all liability in connection with my participation in activities at this location, including travel to and from the space and parking.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_