RELEASE OF LIABILITY

Class:	Date:

I agree to take full responsibility of my health and all risks of physical activity within this space. I agree to release Suzie's Studio, teachers 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 any illegal acts by outside parties.

Include me on Suzie's Studio's email list for updates on dance events at Suzie's Studio. (Providing this information is optional)

NAME	SIGNATURE	EMAIL	PHONE
	J.C.D. HOILE	2.00,002	