

Sarnia Ballroom Dancing Club

VIENNESE WALTZ WORKSHOP REGISTRATION FORM

Lesson format: 2 x 2hr. lessons

Pre-requisite: Students should have completed at least 2 sessions of Beginner dance instruction, including beginner waltz

When: 7:30 – 9:30pm November 29 & 7:30-9:30pm December 6

Where: Gregory Hogan School Gym

Cost: \$25/Couple

Instructors: Don and Helen Truong

Registration Option:

1. Return Registration Form & Payment to either Ken Little or Don/Helen Truong.

Note class size is limited to ~ 10 couples. If interested, register and pay soon.

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<i>All students must be current SBDC members.</i>	
Registrants: 1. 2.	Phone:
Mailing address:	E-mail:

WAIVER

INDEMNITY AGREEMENT

I agree to indemnify and hold harmless The Sarnia Ballroom Dancing Club (herein called the Club) its Officers, Directors and Dance Instructors from any damages caused by or to myself while participating in any of the Club's events, such as dance lessons, club practice sessions, Club dances, workshops or other Club sponsored events.

PHOTO CONSENT

I acknowledge that the Sarnia Ballroom Dancing Club may take my picture at Club events, such as dance lessons, Club practice sessions or Club dances. I acknowledge and agree that the Club may publish or use the image for any Club purpose by any means whatsoever including, but not limited to electronic or digital means. I acknowledge that the Club may not be able to control the distribution or use of the image by other than Club representatives.

I agree that this consent and release is given in perpetuity and for no consideration, credit, acknowledgement or financial recompense now or in the future.

PRIVACY CONSENT

I agree to the collection of this personal information for the exclusive use of the Sarnia Ballroom Dancing Club.

I acknowledge having read the above statements and agreeing to such statements. I further acknowledge that if I would like a copy of this agreement, one will be provided.

Names:

1. **Print:** _____ **Signature:** _____ **Date** _____
mm/dd/yyyy

2. **Print:** _____ **Signature:** _____ **Date** _____
mm/dd/yyyy