

Bellan™ Performance Centre

APPLICATION WAIVER & RELEASE

Student Information

LAST: _____ FIRST: _____ MI: _____

Age: () 2-4 () 5-8 () 9-12 () 13-18 () 18+ DOB (mm/dd/yyyy): ____/____/____ Gender (M/F): _____

Name of Parent(s)/Legal Guardian(s): _____
(If under 18 years of age)

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-Mail 1: _____ E-Mail 2: _____

Contact Preference: () Phone () Mail () E-Mail

Employer: _____ School/University (If a current student): _____

Emergency Contact: _____ Relationship: _____

Phone#: (____) _____ Email: _____

How did you hear about us? (Where a line is provided, please provide the appropriate information.)

() Another Client: Specify _____ () Flyer () Internet () Newspaper () Radio () Yellow Pages

() Other: Specify _____

What do you want to accomplish with Bellan™? (Choose all that apply.)

() Something New () Weight Loss/Management () Flexibility, Strength, Muscle Tone () Therapy/Rehabilitation

() Performance Opportunities () Meet New People () Stress Relief () Technique/Training

Waiver and Release Agreements

WAIVER AND RELEASE OF ALL CLAIMS: As additional consideration for the student's instruction, the undersigned student, parent(s), or guardian(s) of the student hereby releases and waives any and all claims against Bellan™ Performance Centre, its officers, agents, employees, contractors, and volunteers harmless for any liability including but not limited to personal and bodily injuries (including death) and loss of or damage to property of the student or persons related to the student which may occur while participating in the activities, activities sponsored by, or in the physical building of Bellan™ Performance Centre. The undersigned represents that the student is in good health and does not have any history of a medical or physical condition (unless specified above) that would place the student at risk because of his/her condition. The undersigned further acknowledges that the student's instruction involves physical exercise and physical stress that could result in physical injury of the student, that the student's participation is voluntary, and that the undersigned accepts all risks arising there from.

Photo/Image Release

I grant permission to Bellan™ Performance Centre and its agents or employees to use photographs and/or video taken of me or of _____ on any given date for use in promotional and educational materials such as brochures, newsletters, advertisements, and magazines, and to use such photographs/video in electronic versions of the same publications or on Bellan™ Performance Centre websites or other electronic forms of media, and to offer them for use or distribution in other non-arts publications, electronic or otherwise, without notifying me. Furthermore, I authorize the use of my name, likeness, and voice for all program promotion, institutional promotion, and any other purposes in connection with the program deemed appropriate and necessary by Bellan™ Performance Centre. I hereby waive any right to inspect or approve the finished photographs/video or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs/video. I hereby agree to release, defend, and hold harmless Bellan™ Performance Centre and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on Web sites, from and against any claims, damages, or liability arising from or related to the use of the photographs/video, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication, or distribution. I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Print Name

Signature

Date

Parent or Legal Guardian if under 18 years of age

Office Use Only: New Client: Yes No Trial Date: ____/____/____ MBO Entry: ____/____/____