## **Drop In Form**

Name:	Age:
Parent Email:	
Parent Phone:	
Class(es) Taking:	
In exchange for participating in the activity of dance	ce classes organized by Integra
Dance Arts, LLC, of 13190 E. Colossal Cave Rd. S	uites 130 and 200, Vail, Arizona,
85641 and/or use of the property, facilities and ser	vices of Integra Dance Arts, LLC, I
agree for myself and (if applicable) for the member	s of my family, to the following:
agreement to follow directions, assumption of risks	s and release, indemnification, con-
sent, applicable law, no duress, and enforceability.	If I would like to read the detailed
liability form I understand I may ask for it prior to si	igning this, but that I/my child may
not participate in dance class until this waiver is significant	gned.
DATED:	
SIGNATURE:	(parent/guardian if student is under 18)