



NEW MEMBER FORM

Name: _____

Date: _____

Address: _____

Email Address: _____

Phone Number: _____

Please check one of the following: **Full-Time Resident** ____ **Part-Time Resident** ____

LIABILITY RELEASE

I understand and acknowledge that there is a risk of injury inherent in dance activities and that personal injury could result during participation in dance and related activities. I represent that I am physically able to safely participate in any activities relating to the SaddleBrooke Line Dance Club.

In consideration of attending functions relating to the SaddleBrooke Line Dance Club, I hereby waive, release, discharge, and hold harmless the Club and its Board of Directors from all present and future claims and liabilities of any kind, whether for bodily injury, property damage or other loss arising out of participation in dance and any and all related activities.

Signature: _____ **Date:** _____

Please complete form in full and return to any Sponsor at any of the Workshops or Program Sessions along with your \$10 membership fee