



Class Registration & Waiver Form

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Cell: _____

Email Address: _____

Date of Birth: _____ Age: _____

Emergency Contact: _____ Relationship: _____ Phone Number: _____

Please indicate which type of class you are registering for:

- Pole Dancing
- Workshop
- Aerial Silks
- Private Class
- Pole Party
- Other _____

How did you hear about us?

- Sexapalooza
- Internet
- Groupon
- Living Social
- Facebook
- Friend
- Other _____

Signature: _____ Today's Date: _____

Please Turn Over and Sign the back page

Cherry Blossom Aerial Dance Studio Inc. (613) 741-4200

Your privacy is important to us; the information we collect is for our own purposes only and will not be given to anyone else. We use this information to keep a personal confidential file for everyone who registers with Cherry Blossom Studio. If you have any concerns regarding our policy please contact us.



Participation Agreement/Liability Waiver

ACKNOWLEDGEMENT OF RISK, WAIVER, COFIDENTIALITY & RELEASE OF LIABILITY

WARNING: THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS, READ IT CAREFULLY!

Every participant **MUST** be over the age of 18. Every participant **MUST** read and understand the participation agreement / liability waiver prior to participating in Cherry Blossom Studio activities.

The undersigned (the "*Participant*") hereby enters into this Agreement with and for the benefit of Cherry Blossom Studio, its directors, officers, employees, volunteers, instructors, business operators, agents and the site property owners of Occupiers Liability legislation in the province of Ontario.

The *Participant* acknowledges and understands that there are inherent and significant risks associated with participation in Cherry Blossom Studio Classes, including (but not limited to) the potential for serious personal injury caused by any event or any condition of the facilities or equipment provided by or uses by the *Company*, and health risks such as light-headedness, fainting, increased or decreased blood pressure, chest discomfort, muscle cramps, broken bones, strains, sprains, bruises, concussion, abnormal heart rate, soreness, nausea, heart attack, stroke, and possibly death.

The *Participant* understands that such risks are relative to *Participants* level of fitness and health (physical, mental and emotional), and to the awareness, care and skill which the Participant demonstrates while participating in Cherry Blossom Studio activities. Cherry Blossom Studio reserves the right to refuse Participants entry to specified course based on inability to perform.

The Participant hereby releases Cherry Blossom Studio, and accepts and assumes **ALL** responsibility for **ALL** risks and possibilities of personal injury, death, property damage or loss resulting from his/her participation in the pole dance activities, including accidents or injuries that occur within the facilities (eg. Washrooms, dressing rooms, studio, staircases and other areas). The facilities and programs offered by the *Company* have been designed and established to provide the optimum level of beneficial exercise and enjoyment without compromising the health and safety of those who utilize the facilities or participate in Cherry Blossom Studio activities. Due to the nature of Cherry Blossom Studio activities and the equipment that is an integral part of such activities, there is an inherent risk of injury. This results in a practical limitation being placed on the *Company* in its effort to prevent injuries to participants, whether actively participating in Cherry Blossom Studio activities, utilizing the equipment or otherwise taking advantage of the facilities.

The *Participant* freely accepts these risks and agrees to the terms of this Waiver and Release, unless the company is found to be negligent or in breach of any duty of care or any obligation to the *Participant* with respect to his/her participation in Cherry Blossom Studio activities.

The *Participant* understands that Cherry Blossom Studio does **NOT** provide health insurance coverage. The *Participant* consents to first aid, emergency medical care and, if necessary, transportation and admission to an accredited hospital, for treatment of injuries that may be sustained while participating in Cherry Blossom Studio activities. The Participant understands that they are **FULLY** responsible for any and all expenses associated with care provided.

The Participant hereby agrees they have not had any consumption of alcohol, usage of narcotics or any other substances that may impair physical or mental abilities. The *Participant* understands that choreographed materials provided for instruction, are property of Cherry Blossom Studio, and are **NOT** to be taught in any facility not containing Cherry Blossom Studio in its legal entity. The *Participant* acknowledges and agrees that no right or license is granted under this Confidentiality Agreement by Cherry Blossom Studio, either expressly or by implication. The *Participant* understands that any and all propriety rights, including without limitation, copy write laws and proprietary rights in and to the Confidential Information shall be and remain with Cherry Blossom Studio in accordance with the provisions of the terms of instruction by Cherry Blossom Studio. This agreement shall remain in effect indefinitely.

Dated this _____ day of _____, _____, in Ottawa, Ontario.

Participant's Signature

Print Name

Authorized Cherry Blossom Studio

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Medical Questionnaire

Name: _____ Date: _____

Answer these questions below truthfully and to the best of your ability. Please note, any applicant who answers yes to any of the first seven questions may be required to provide a letter from their physician indicating clearance to participate in physical activity. The applicant may not be approved to participate until such letter is received.

Y N Have you previously experienced dizziness or headaches during physical activity?
If yes, describe:

Y N Are you pregnant?

Y N Have you ever been diagnosed as having a hernia?

Y N Have you given birth in the last 12 weeks?

Y N Have you had a neck injury requiring medical attention?
If yes, describe:

Y N Have you had any operations in the past four years?
If yes, describe:

Y N Are you currently under the care of a physician for an on-going condition?
If yes, describe:

Y N Do you have any allergies to substances or medications?
If yes, describe:

Y N Have you been treated for diabetes?

Y N Do you wear contact lenses?

Y N Do you wear any dental appliances?
If yes, describe:

Y N Have you ever had a wrist or hand fracture or severe injury?

Y N Have you ever experienced a severe sprain, dislocation, or fracture of either elbow?

Y N Have you ever experienced a dislocation or separation of either shoulder?

Y N Have you ever had knee arthroscopy or surgery?
If yes, describe:

Y N Do you wear a knee brace?

Y N Have you experienced a severe sprain, strain, or surgery to either foot or ankle?

Y N Have you had an injury to your upper lower back?

Y N Do you experience pain in your back?
If yes, describe:

Y N Are you currently on prescribed medication?
If yes, describe:
If yes, list what meds treat:

By signing below, I indicate that I have read and answered all questions truthfully and to the best of my knowledge.

Signature: _____ Date: _____

For Office Use Only

Reviewed by: _____

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