

## **Kids Workshops** Winter ~ Spring 2022 Yoga, Dance, Art, Story Dance, Journaling

Cost: \$25 per child

5	Space is limited. Masks require	ed.	
Please return form with payment to The Dance Lab			
First Child's Name		D.O.B	
Second Child's Name		D.O.B	
Parent or Guardian Name			
Address	City	State	Zip
Phone (home)	(cell)		
Email Address (please print clearly	)		
Workshop	Day	Time _	
Total amount enclosed \$			
Check payable to: <b>The Dance Lab</b> The Dance Lab 12 West Camden A CandaceCarriger@thedancelab.co	Ave. Moorestown NJ 08057		
I, individually, and/or as parent/guardian of the minor release: Liability Release: I acknowledge and fully injury. I acknowledge that I have been advised to corproblem or any other condition or medication that ma accept personal responsibility for any personal injury teachers, employees, and agents from any claim, capersons or property caused by my or my child's partificational or grossly negligent acts of The Dance Laclasses and these photographs, which shall be owned No child, whose photograph is used, will be identified	understand that I and/or my child will be engansult with my or my child's physician with respay affect my or my child's participation in The sustained by my child or me. I discharge an use of action or liability for damages arising fricipation in The Dance Lab program. Provide ab. <b>Photo Release:</b> I acknowledge that my ched by The Dance Lab, may appear in Dance Lab	iging in physical activities that pect to any past or present injudence Lab program. I assumed hold harmless The Dance Lorom any personal injury to med, however, that the foregoing may be photographed durab promotional materials unless.	may involve some risk of ury, illness, health ne the foregoing risks and ab, its owners, directors, my child or other g shall not apply to the ing The Dance Lab
Signature	Date _		
How did you hear about The Dance	e Lab?		
Any physical limitations we should	be aware of to provide you wit	h a positive experie	nce