



The Lotus Studio

#1.Name _____ #2.Name _____

Age: ____ DOB: _____ Age: ____ DOB: _____

Class:Day/Time: _____ Class:Day/Time: _____

* Email: _____

Billing Info: _____ **Medical Issues:** _____

Name: _____ Insurance Info: _____

Billing Address: _____

City/Zip: _____

Phone: _____

Release

It is hereby agreed that I,my heirs and executors, release,discharge and absolve The Lotus Studio and its owner,agents and representatives whether paid or volunteer, for any injury or damage sustained in connection with the activity related to Dance or Yoga or Group Fitness Classes with The Lotus Studio. The risks involved in respect to these activities are fully accepted as stated herein. I grant The Lotus Studio or their representative to seek medical treatment for myself or my child/children in case of an emergency.

AUDIO/PHOTO/VIDEO MEDIA RELEASE FORM

I hereby authorize and grant permission to The Lotus Studio to reproduce my child's photographic or video image. I agree that such reproduction may be edited as desired and used in whole or in part for any and all print, audio-visual, multimedia, online, and/or exhibition purposes in any manner or media, in perpetuity, throughout the world. I understand that I have no rights to any benefits derived therefrom. I recognize that I have the right to enter into the Agreement and that my rights I have granted in this Agreement will not conflict with or violate any commitment or understanding I have with any other person or entity. I agree to indemnify and hold harmless The Lotus Studio from and against all claims, losses, expenses and liabilities of every kind including reasonable attorney's fees, arising out of the inaccuracy or breach of any provision of this Agreement. I expressly release The Lotus Studio from any and all claims arising out of the use of my child's photographic or video image. This Agreement represents the entire understanding of the parties and may not be amended unless mutually agreed to by the parties in writing.

Also, by signing below I Acknowledge that I have read,understand and agree to the Rules and Guidelines.

Parent or Legal Guardian: _____ Date: _____

Please sign name.

Parent or Legal Guardian: _____

Please print name.

Street Address: _____

City: _____ State: _____ ZIP: _____ Phone: (_____) _____

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