

Michele Compa Dance and Exercise Center

Michele Compa, Director

Print Name (student) _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Class(es) Desired _____

Warranty of Fitness and Agreement to Limitation of Liability

I hereby certify that I am physically capable of participating in this exercise program designed by Michele Compa Dance and Exercise Center. I have no physical disability, impairment or ailment that would prevent me from engaging in such active or passive dance exercise programs; nor do I have any physical conditions which would detrimentally aggravate.

Furthermore, I agree that I shall participate in classes and use the facilities entirely at my own risk and agree not to hold Michele Compa or any of her employees liable for any injury or damage which may occur to me in the above said class.

I also understand that classes paid for must be taken within the session period. Class monies may not be credited toward future sessions. There are no refunds without an authorized medical excuse.

Date _____

Signature _____

* To register by mail, please send this form and enclose a check for tuition and registration fee made out to Michele Compa. Cash and credit card payments are not accepted via mail. Registration forms and checks may be sent to: Michele Compa, 3590 Netherland Avenue, Bronx, NY 10463.