Please Print

Dance Magic 808 – 2018 Membership and Release of Liability Form

Name:_____ _____ / _____ Phone:_____
Last Name First Name Initial
Cell Phone:_____

Email:_____ Birthdate: _____
Address:

_____ _____
Number Street Apt. # City State Zip Code

Partner:_____ _____ / _____ Phone:_____
Last Name First Name Initial
Cell Phone:_____

Email:_____ Birthdate:_____

Address:

_____ _____
Number Street Apt. # City State Zip Code

For Club Use Only: New _____ Renewal _____ Membership Fee $10.00 X _____ (# of people) = Total _____

Membership No.:_____ & _____ Reviewed by: _____ Date: _____

RELEASE OF LIABILITIES: Dance Magic 808, Salt Lake District Park, Ala Wai Multipurpose Facility (Palladium), the City & County of Honolulu, State of Hawaii, Federal Government and the Honpa Hongwanji Hawaii Betsuin are permitting and allowing me to participate in all activities, but not limited to, such as dance and instructions at these locations. For and in consideration of the foregoing, I hereby assume all responsibility for all the risk of any injuries, damage and loss of properties that I may sustain/incur while participating or observing in Dance Magic 808 programs at the above locations, which include but not limited to attending lessons, workshops, lectures, performances, practices, participating in exercises, class instructions, and using facilities and equipment of Dance Magic 808, Salt Lake District Park, Ala Wai Multipurpose Facility (Palladium), City & County of Honolulu, the State of Hawaii, the Federal Government and the Honpa Hongwanji Hawaii Betsuin whether in or upon the property or at another location and do hereby release and forever discharge and promise not to hold liable Dance Magic 808, Salt Lake District Park, Ala Wai Multipurpose Facility (Palladium), the City & County of Honolulu, the State of Hawaii, the Federal Government, and the Honpa Hongwanji Hawaii Betsuin and their respective officers, board members, employees, members, staff, agents, consultants, presenters, instructors, independent contractors, and volunteers.

Signature:_____ Date: _____

Signature:_____ Date: _____

Clear Form