

Sofia's Fitness & Dance Studio
Sofia Marinovich, Director

Print Name
(student) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

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 Sofia's Fitness & Dance Studio. 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 be detrimentally aggravated.

Furthermore, I agree that I shall participate in classes and use the facilities entirely at my own risk and agree not to hold Sofia Marinovich 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 Sofia's Workout. Cash is not accepted via mail. Registration forms and checks may be sent to:
Sofia's Fitness & Dance, 3501 Riverdale Avenue, Bronx, NY 10463.