

Hidden City Ballroom

The Point is Dance!

NEW CLIENT SHEET

First Name:

Last Name:

Phone:

Email:

Address:

Website (if applicable):

Type of use, dance style, or performing art:

By signing below, I agree to the following:

1. I agree to take full responsibility for my health and all risks of physical activity within this space. I agree to release Hidden City Ballroom, building owners, tenants, teachers, neighbors, and all businesses associated with 304 Washington Avenue, harmless from all liability in connection with my participation in activities at this location, including exposure to Covid, travel to and from the space, and any illegal acts by outside parties.
2. I agree to follow all policies outlined in the Information Packet dated 7/31/22.
3. I agree to make sure that all of my students and/or members of my practice group sign a liability form upon entry.
4. I will make sure that my students and or group abides by ballroom policies while in the space. I understand that, should at any time, management finds that my group is not able to follow the ballroom policies, or if members are acting in a way that is incompatible with the mission or community priorities of this space, I and my group may be asked to leave. It is my responsibility to model and communicate the importance of kindness and consideration of others while in the Hidden City.

Signature:

Date:

Welcome to the Hidden City Ballroom Community!

