

# NEW ENROLLMENT FORM

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Parent/Guardian Name (if under 18 years of age)** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**List any Medical Issues/Allergies:**

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## LIABILITY WAIVER:

In consideration of \_\_\_\_\_ (participant name) being permitted to participate in classes, workshops, or performances, by signing below, Studio34 and The Pop-up Project is released from any and all liability for any and all loss and damage, on account of any injury or loss suffered. I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee, and that if any portion is held invalid, that the balance shall continue in full legal effect. I give permission for the use of my image in all media and advertising used by Studio34 and The Pop-up Project. I confirm that I read and understand the policies for Studio34 and The Pop-up Project.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_