



Student Information Card

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Tel: _____

Email: _____

May we send you occasional emails to inform you of class updates and studio events? (*check one*) YES please NO thank you

Privacy Notice: We are committed to protecting your privacy and will never share or sell your personal information to third parties.

Please read, sign and date the back of this card. Thank you.

Release of Liability: In signing below I agree that Core Elements studio is in no way responsible for the safekeeping of my personal belongings while I attend class. I agree to consult with my physician with respect to any past or present illness, injury or any other preexisting conditions of any type whatsoever that may affect my participation in classes. I take personal responsibility for informing each instructor of any preexisting condition(s) prior to participation in any class. I have discussed any special problems with my doctor or health provider thoroughly. I also agree that neither my legal representatives nor I will sue or make any other claims of any kind whatsoever against Core Elements or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

Signature: _____ Date: _____

(Parent's signature for children under 18 years of age)