

MOON HAVEN STUDIO REGISTRATION FORM

9 Legion Street
Ringgold, GA 30736
706-965-6650

NAME _____

ADDRESS _____

E-MAIL _____

HOME PHONE _____ CELL _____

WORK PHONE _____

How You Found Out About Us _____

Any Injuries or Health Conditions _____

Classes Registering For _____

Make checks payable to Lori Bilbrey

I waive any claim that I or my family, estate, heirs, or assign may have at any time for injury or other loss at any sort, against Moon Haven Studio in Ringgold, Georgia, or against Lori Bilbrey, or any person, or entity in any way involved therewith. In consideration of my participation in the activities of this studio, I accept and assume any and all responsibility for the risk of injury and damage to my person, which may arise either directly or indirectly in my participation in the classes, workshops, consultations, events, and therapies of Moon Haven Studio.

I have read and understand the Liability Release of Moon Haven Studio and have agreed to be bound by its terms.

Signature _____ Date _____

Signature of Legal Guardian if Under 18 _____