



Class Agreement

Participant Information:

Name: _____
Address: _____
City: _____ State/Province: _____ Zip/Postal Code _____ Country _____
Phone: _____ Alt. phone: _____ Email: _____
How did you first hear about Dancing For Birth? _____
Is this your first DFB class? _____
List any prior dance experience: _____
Are you Pregnant? _____ EDD: _____ Postpartum? _____ Postpartum with Newborn in attendance? _____
Have you taken any childbirth preparation classes? _____ What type? _____
How far did you travel to take this class? _____

Terms:

- I agree not to teach or advertise Dancing For Birth™ classes without first seeking and being granted certification status, even if I do not call the classes Dancing For Birth™ classes.
 - I agree that the concepts, principles and teachings of this class are the intellectual property of Stephanie Larson and Dancing For Birth™. I will not use them to develop other concepts, principles, teachings, presentations, approaches, workouts, workshops, classes, writings or publications.
 - I will not take legal or other action to contest the intellectual property rights of Stephanie Larson and Dancing For Birth™.
 - I agree that if I share information/concepts/knowledge from this workshop I will give attribution to Stephanie Larson and Dancing For Birth™.
 - I agree not to produce or advertise any other products, materials and/or workouts using the Dancing For Birth name and logo without written authorization from Dancing For Birth™.
 - I will refer all publicity and media requests to the Dancing For Birth™ Headquarters, St. Louis, Missouri 314-469-9118.
 - I agree to not call myself a Dancing For Birth™ Instructor or a certified Dancing For Birth™ Instructor and to not use the credentials DFB without first applying for and receiving certification from Dancing For Birth™.
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Waiver/Release:

My/our participation in this class is voluntary and at my own risk. I/my child have no health problems which would prohibit my/our participation. I release Dancing For Birth™, respective owners, instructors and assigns from any liability for any claims, demands, injuries, actions or causes of action to my person, to my child, or to my property arising out of or connected with the class or the use of the services, equipment or facilities provided by Dancing For Birth™. I understand that the activities may be physical, strenuous and risk bodily injury and I accept responsibility. I have carefully read with a full, definite and clear understanding the foregoing provisions and freely enter into the agreement of the waiver/release. Initial _____

I understand and agree to comply with all points of this Agreement.

Print Name _____
Sign Name _____ Date _____