

# Omaris

**Multi Award Winning Dancer and  
International Instructor**

www.omarisdancer.com

## Release Form

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*City State*

Phone: \_\_\_\_\_ Referred by: \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## From Omaris

Welcome to my Belly Dance Classes! I am very happy you chose me as one of your mentors. I will do my best to help you improve, transform and make you a better dancer. No matter your experience, size, shape or age, you are gladly received! We are all in the same path to grow in this friendly, encouraging and supportive atmosphere. My main goal as a teacher is to challenge you to become a better you as a dancer, as a woman. We are all goddesses, we just need to believe it and let it flow.

### PLEASE READ AND SIGN BELOW

I, \_\_\_\_\_, understand that activities/classes that I will participate in are strenuous and may cause serious injuries, including bodily injury, damage to personal property and/or death. I hereby waive and release Omaris (Omaris C. Saneaux-Ovalles) from liability pertaining to the matters set forth below. I understand that by signing this Waiver and Release, I agree to assume complete responsibility for any risk of injury that may arise from the below related activity. On behalf of myself, my heirs, legal representatives, I waive all claims for damages, injuries and death sustained to me or my property that I may have against related to such activities. By this waiver, I assume any risk, and takes full responsibility and waive any and all claims of personal injury, including severe bodily injury, damage to personal property and death relating to all activities associated with Omaris (Omaris C. Saneaux-Ovalles), including but not limited in receiving lessons at the facility and its equipment. If I am injured from said activity, I will not sue or make any claims against Omaris (Omaris C. Saneaux-Ovalles) for any personal injury, property, damage/loss or death cause by negligence or otherwise.

Student or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_