

Move and Groove with Ludmila

Registration Form

Please print clearly

NAME: _____

Address _____

EMAIL: _____

Cell PHONE _____

I understand and recognize that there may be risks in any body movement program including the *Move and Groove* program. I agree to take responsibility for movements I elect to do and, therefore, indemnify and hold harmless LUDMILA SMIRNOVA, or her agents, if I suffer injury/illness or damages while undertaking the class.

I understand that from time to time, photographs and video of sessions may be taken and used for certification, educational, and promotional purposes.

I have read, understood, and agree to be bound by the above statement

SIGNED _____

DATE: _____