

# INTEGRARTE Open Class Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## **Waiver of Liability:**

I release any claim I might have against Integrarte, Carlos Molina, Erica Cornejo, any of the teachers ( Instructors ), Hope Central Church, its officers, boards, agents and employees, and will not hold any of the aforementioned parties liable for such injury or damage to person or property or from loss of life sustained by me during the course of my participation in classes or activities or while on or about Hope Central Church property.

## **Signature:**

X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_