



**2020 SIGNATURE FORM:**  
(Required as part of application)

Participant's Name (Please Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name (Please Print): \_\_\_\_\_

**TERMS OF AGREEMENT**

We have read, understand and agree to accept and abide by the enclosed SIU **Terms of Agreement** and all SIU rules, regulations and policies. We agree that California State law will govern our relationship with SIU and that any mediation, suit, or other dispute we may have with SIU must be filed or entered into only in the State of California.

**Signature of PARTICIPANT:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of PARENT/GUARDIAN:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SUPERVISION RELEASE**

Full, appropriate supervision will be provided for the participants during the full course of the workshop. Ultimately, however, each participant will be expected to assume full responsibility for his/her actions at all times. Rules of conduct will be established and participants will be expected to comply. Breaking of the rules, especially drinking of alcohol or the use of illicit drugs may result in the immediate expulsion from the workshop without refund.

Signature of Parent or Guardian: \_\_\_\_\_ **Date:** \_\_\_\_\_

**SWIMMING RELEASE**

I, (we), understand that there may be times during the course of the program when our child will have the opportunity to go swimming at a public beach/pool where there is a trained lifeguard on duty.

Signature of Parent or Guardian: \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE RETURN FORM TO:** SCAN to EMAIL: [stepitupco@gmail.com](mailto:stepitupco@gmail.com)  
**MAIL:** STEP IT Up  
5050 Woodman Ave, #17  
Sherman Oaks, Ca 91423