

PRESENTS

Bring a friend to dance week!!



October 12-17

Bring a friend to any of your classes for free

Just print this out and have their parent/guardian fill it out.

Dancer/Participant Name: ____

Age: DOB:	
Referring Dancer:	
Trial Class:	
Liability Release:	
As a parent/legal guardian or responsible party, realize that Diana's Dance Company (DDC) provides instruction in which is physical in nature. I agree that DDC is not responsible for any personal injuries or mishaps occurring as p	
his instruction. DDC is not responsible for any personal injuries or mishaps in waiting areas or any other part of th	
studio location for both participants and non-participants of the dance class.	ic DD
Photo release	
I hereby give my consent for Diana's Dance Company to use photographs that are taken during class time and or	in the
studio for such purposes as publicity, advertising, media and web content.	
I have read and agree to the terms outlined within this agreement	
Parent/Guardian Name Printed:	
Parent/Guardian Signature:	
Date:	