



508 824 0640

421 NEW State Hwy Unit 3 Raynham Ma 02767

Release for "Bring a Friend Week"

Friend of dancer PLEASE BRING THIS FORM TO YOUR CLASS.

Name: _____

Address: _____

Phone Number: _____

Email address: _____

Your RPA Friend's Name: _____

Parent or guardian please read and sign below. I give my child, the name listed above, permission to participate in dance class. My child may decline to participate in any activity that they do not feel comfortable with. I grant Revolution Performing Arts permission to post any pictures/Videos taken during classes, on social media. By signing this form, you agree to the terms listed above. You also release *Revolution Performing Arts, LLC* from being liable for any injury, illness, damage, or loss that may occur. You give permission for medical treatment to be administered in an emergency.

Parent/Guardian: _____ Date: _____



508 824 0640

www.revolutionpa.com

421 New State Hwy Unit 3 Raynham Ma 02767

Release for "Bring a Friend Week"

Friend of dancer PLEASE BRING THIS FORM TO YOUR CLASS.

Name: _____

Address: _____

Phone Number: _____

Email address: _____

Your RPA Friend's Name: _____

Parent or guardian please read and sign below. I give my child, the name listed above, permission to participate in dance class. My child may decline to participate in any activity that they do not feel comfortable with. I grant Revolution Performing Arts permission to post any pictures/Videos taken during classes, on social media. By signing this form, you agree to the terms listed above. You also release *Revolution Performing Arts, LLC* from being liable for any injury, illness, damage, or loss that may occur. You give permission for medical treatment to be administered in an emergency.

Parent/Guardian: _____ Date: _____