

Father-Daughter Dance Registration

Parent/Guardian's Name: _____ Phone: _____

Email: _____

of Girls Attending: _____ Ticket #: _____

Photo Release: *By signing this registration, I grant consent for my and my minor's photograph to be taken with participating in this event, to use and publish photographs in all forms of media including, but not limited to, newsletters, Facebook, and website use. I hereby waive any right I may have to review, inspect, edit, or approve such publication, and I release the WRAC from any claims I may have against it for use of such photographs.*

Waiver Statement: *I hereby release and absolve the Wray Rehabilitation & Activities Center, their employees, volunteers, and other participants involved in the event from liability and/or claims of damages arising from the injury received by the participants involved, whether due to remission of said parties, or other participants, or otherwise.*

Parent/Guardian Signature: _____ Date: _____

We are also looking for volunteers to donate sweet treats for the evening.

Yes, I would like to bring a sweet treat.

(Name & Phone & Type of Treat)

