

Bring a Friend to Dance Week

Name of Happy Feet Dancer:	
Name/Time of Class:	
Friend's Name:	
Age of Friend:	
Parent/Guardian (Of Friend) Email Address:	
I authorize <i>Happy Feet Dance Studio</i> to use pictures of my child in its prome including on its website. Pictures will be taken down upon my request. I ce in proper physical condition to take part in dance activities. I realize that the involved in the art of dance. I agree to assume the risk of all injuries or dama from my child's participation in the dance activities of <i>Happy Feet Dance St</i> consideration of the above, I hereby release and hold harmless Happy Feet Dance agents, and employees from and against any liability or claim for any loss or misadventure, harm, cost, or damage sustained as a result of my child's partifect Dance Studio's classes and activities.	ertify that my child is ere are possible risks ages that may arise tudio. In Dance Studio, its property, injury,
Parent/Guardian (of Friend) Signature	Date