



## **BRING A FRIEND**

Students Name \_\_\_\_\_

Friends Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Has your child taken dance before? YES NO

Which class(es) are you trying out?

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

I give my approval for the above-named student's participation in any and all activities of the program. I hereby forever waive, and forever release and discharge MISS ANDREA'S DANCE STARS, LLC, their officers, directors, employees, employers and agents from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors and facilities. As a student or parent or guardian of a student, that it is my option to consult a physician for assurance of proper health as has been encouraged to do so by the MISS ANDREA'S DANCE STARS, LLC. I authorize the representatives of MISS ANDREA'S DANCE STARS, LLC to provide any emergency medical services that may be required due to an injury during any activity at our facility MISS ANDREA'S DANCE STARS. I understand that participation is entirely by own choice and with the understanding that there is risk and the possibility of accidental injury, paralysis and even death in any activity involving unusual motion or height. MISS ANDREA'S DANCE STARS, LLC is not responsible, whatsoever, for anything that happens before or after the student's designated class time. I do hereby verify that I understand and accept each of the above policies and conditions.

I understand that the above information is correct and will be disclosed only to Miss Andrea's

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_