

## *Bring your Friend to Dance!*

**Dancing Through Life students can invite a friend to take their dance class with them.**

**Friends that register receive \$20.00 off their first tuition payment and the family that brought them receives a \$20 credit for every friend that registers. For example, if five friends register, you receive \$100.00 off your next tuition payment.**

Have your friend fill out the bottom and back of this form, and tell them to get ready to have fun! If a friend is a different age than the current DTL dancer, please ask them to come to the class for their age. For example, if the DTL dancer takes the 4-6 year old class and their friend is two years old. The friend can take the 2-3 year old class.

**Feel free to contact Miss Brady with any questions. We look forward to meeting your friends! :)**

Name of DTL student: \_\_\_\_\_

Friend's Name: \_\_\_\_\_

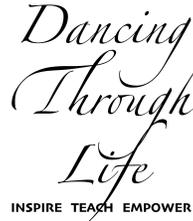
Friend's Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_



Dancing Through Life LLC has my permission to use my or my child's photograph publically to promote the dance school. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

Liability Waiver and Acknowledgment of Risk

Dancing Through Life LLC, a New Jersey limited liability company ("the School") will make all efforts to help our students to avoid injury. However, it is important that you understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury.

PLEASE READ CAREFULLY AND SIGN BELOW. REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE AND MUST BE COMPLETED BEFORE YOUR FIRST CLASS

I hereby acknowledge and agree to be bound by all the terms set forth herein in this Liability Waiver and Acknowledgement of Risk.

I voluntarily agree to assume all risks and responsibility for any injury or accident, which might occur to me or my child during any of the School classes, rehearsals, performances, or activities.

I also exempt, release, and indemnify the School, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by the School.

I further voluntarily agree to waive my rights and that of my heirs and assigns to hold the School, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death.

I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights. My signature is proof of my intention to execute a complete and unconditional waiver of liability, either on behalf of my minor child or on my own behalf, to the fullest extent of the law.

I have read, understood and agree to be bound by the above statements:

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

If under 18, parents or legal guardian must sign.

Use Section below if signing on behalf of a minor.

FOR: \_\_\_\_\_  
Name of Child(ren)

DATED: \_\_\_\_\_