

Thankful for Friends Week

November 13th-16th

Permission Form

Registered Student's Name: _____

Friend's Name: _____

I, _____, am aware that my child, _____,
(Parent's Full Name) (Child's Full Name)

is participating in Bring a Friend Week at Studio 84 School of Dance. I understand that by signing this agreement I do hereby release Studio 84 School of Dance and its representatives, whether paid or volunteer, from any liability that my child may incur during his or her participation. I also grant permission to Studio 84 School of Dance to use my image or that of my child on social media, in advertisements, or in other studio publications.

Parent's Signature _____

Date _____

Emergency Contact: _____

Emergency Phone #: _____

Email address: _____

