

# Bring a Friend Week

October 8<sup>th</sup> - 11<sup>th</sup>

## 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: \_\_\_\_\_

