

# Damascus, Olney, & Wheaton Studio of Dance

Invites you.....

## To Bring a Friend to Class!

Dancers may bring **ONE** friend to any dance class the week of

**September 23 - September 28, 2024**

"Friends" parent/guardian must fill out a Class Pass Card to take part in the same class your friend takes. (see below)

***\*Not eligible for students already enrolled in classes, new students only\****

### Class Pass Card

**This waiver is required for your friend to participate in Bring Your Friend to Class Week.**

**Please complete this form to allow your friend to join you in class**

Child Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Contact #: \_\_\_\_\_

Parent E-Mail: \_\_\_\_\_

Class Participating in: \_\_\_\_\_

Referral: \_\_\_\_\_

#### Studio Participation and Liability Release

**1. Permission to Participate:**

I, as the parent or legal guardian of \_\_\_\_\_, grant permission for my child to participate in all dance activities at the Damascus, Olney, & Wheaton Studio of Dance.

Child Name

**2. Assumption of Risk and Release of Liability:**

- I understand that dance activities involve inherent risks of physical injury, including but not limited to sprains, strains, fractures, and other potential injuries.
- I voluntarily assume all risks associated with my child's participation in dance classes and related activities, including travel to and from the studio.
- I release the Damascus, Olney, & Wheaton Studio of Dance, its owners, instructors, employees, volunteers, and agents from any liability for any harm, theft, or injury that may occur to my child or their property during their participation in studio activities.

**3. Health and Physical Condition:**

- I confirm that my child is in good physical health and has no known medical conditions or disabilities that would prevent or limit their safe participation in the dance program.
- I will promptly notify the studio of any changes in my child's health or physical condition that may affect their ability to participate.

**4. Communicable Diseases:**

- I acknowledge the risk of exposure to communicable diseases, including COVID-19. I understand that the studio has taken reasonable precautions to mitigate this risk, but cannot guarantee a completely risk-free environment.
- I release the studio and its associates from any liability for illness or injury related to exposure to communicable diseases.

**5. Photo and Video Release:**

- I grant the Damascus, Olney, & Wheaton Studio of Dance permission to use photographs and videos of my child taken during studio activities for promotional purposes, including but not limited to brochures, websites, social media, and advertising.
- I understand that these images may be used with or without my child's name.

**6. Acknowledgement:**

- I have read and understand this agreement.
- I acknowledge that I am signing this release voluntarily and with full knowledge of its contents.
- I understand that this release is a legally binding contract.
- I confirm that I have reviewed the studio's policies and procedures and agree to abide by them.

Parent Signature & Date: \_\_\_\_\_