



2019 FRIEND WEEK FORM

The Dance Vault, LLC

Enrolled dancer's name: _____

Friend's Name: _____ Age: _____

Home Address: _____ City: _____

Zip Code: _____

Parent/Guardian of Friend

1. Name: _____ Relationship to Child: _____

Cell Phone: (____) _____ Work Phone: (____) _____

E-Mail: _____

Class Name	Day	Time
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1. _____

Medical Responsibility

You give permission to The Dance Vault owners, faculty, staff, and associates to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian, and that you will be responsible for any finances incurred by this medical attention. Please note that no child may administer medicine to themselves without the presence of a parent at the studio. If your child needs medication while at the studio, for any reason, you agree to notify the front office.

Release of Liability

You as the legal parent or guardian release and hold harmless The Dance Vault owners, staff, faculty and associates from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury that may be sustained by the participant and/or the undersigned during membership and/or association with The Dance Vault, including classes, master classes, special events, and transportation to/from such occasions. You also understand that The Dance Vault is not responsible for any theft, loss, or damage of personal items.

Advertising & Promotion

You hereby grant The Dance Vault the irrevocable and unrestricted right to use, reproduce and publish photographs and videos of your child for editorial, trade advertising, or any other purpose or manner and medium. You also hereby release The Dance Vault LLC, owners and staff from any and all claims, actions and liability relating to its use of said photographs and videos.

Print, sign and date below (must be a parent or guardian): I have read and agreed to all statements on this form
