

DREAMWORKS DANCE ACADEMY

1152 BROAD STREET BY CHIC FIL A 803-607-9990

www.dreamworksdance.com

BRING A FRIEND WAIVER 2019

NAME OF PARTICIPANT _____ BIRTHDATE _____

I agree that I will **not** hold the Dreamworks Dance Academy, faculty, or staff associated with any of our dance, gymnastics or associated events and programs for any illnesses or injuries that occur while attending the school or our off-campus programs. We are not responsible for loss or damage to personal property. I further agree to abide by the rules and understand all rules, I agree to comply with them. Permission is hereby granted to transport my child to a doctor or hospital in case of illness or injury when unable to contact parents or guardians. I give permission for DDA and its staff to use my students picture for advertising in print and social media and recital program publications.

Parent/Guardian Signature _____ DATE _____

DREAMWORKS DANCE ACADEMY

1152 BROAD STREET BY CHIC FIL A 803-607-9990

www.dreamworksdance.com

BRING A FRIEND WAIVER 2019

NAME OF PARTICIPANT _____ BIRTHDATE _____

I agree that I will **not** hold the Dreamworks Dance Academy, faculty, or staff associated with any of our dance, gymnastics or associated events and programs for any illnesses or injuries that occur while attending the school or our off-campus programs. We are not responsible for loss or damage to personal property. I further agree to abide by the rules and understand all rules, I agree to comply with them. Permission is hereby granted to transport my child to a doctor or hospital in case of illness or injury when unable to contact parents or guardians. I give permission for DDA and its staff to use my students picture for advertising in print and social media and recital program publications.

Parent/Guardian Signature _____ DATE _____

DREAMWORKS DANCE ACADEMY

1152 BROAD STREET BY CHIC FIL A 803-607-9990

www.dreamworksdance.com

BRING A FRIEND WAIVER 2019

NAME OF PARTICIPANT _____ BIRTHDATE _____

I agree that I will **not** hold the Dreamworks Dance Academy, faculty, or staff associated with any of our dance, gymnastics or associated events and programs for any illnesses or injuries that occur while attending the school or our off-campus programs. We are not responsible for loss or damage to personal property. I further agree to abide by the rules and understand all rules, I agree to comply with them. Permission is hereby granted to transport my child to a doctor or hospital in case of illness or injury when unable to contact parents or guardians. I give permission for DDA and its staff to use my students picture for advertising in print and social media and recital program publications.

Parent/Guardian Signature _____ DATE _____