



# DUHADWAY DANCE DIMENSIONS

1740 Wright Ave., Alma, MI 48801

(989) 46DANCE (3-2623)

www.danceddd.org

www.facebook.com/duhadwaydancedimensions

## Bring a Friend Week Release Form

This form must be completed *by the friend* before entering a class.

Student Name:	
Date of Birth: ____ / ____ / ____ Age: ____	School/Grade:
Address:	City: <span style="float: right;">Zip:</span>
Student Home Phone:	Student Cell Phone:
Student E-Mail:	
Parent/Guardian #1:	Cell Phone #1:
Parent/Guardian #2:	Cell Phone #2:
Parent E-Mail:	
Emergency Contact (other than Parent/Guardian):	
Relationship Contact:	Phone Number:

Are You A:  New Student?  Returning Student?

DDD DANCER WHO INVITED ME: \_\_\_\_\_

I fully agree and understand the policies of DuHadway Dance Dimensions including but not limited to:

1. I give permission to DuHadway Dance Dimensions to use graphics not limited to photo images and video of my child for learning and promotional purposes.
2. All dancers and friends must be picked up immediately after the end of their class(es).
3. DuHadway Dance Dimensions reserves the right to refuse services to dancers and/or observers acting in an inappropriate manner. The studio is a family-focused and safe environment.

*\*Parent/Guardian and/or Student (18 or over) agrees and understands that dance training can be hazardous to some individuals., and may result in injury to student or other students. Below signed person assumes all risks of injury incurred or suffered while on the premises of DuHadway Dance Dimensions and releases DuHadway Dance Dimensions and its employees and anyone connected with DuHadway Dance Dimensions from any claim, damages, costs or cause of action which student has or may have as a result of injuries or damages sustained or incurred while on the premises of DuHadway Dance Dimensions or any affiliated event.*

For more information, please read the Studio Guidelines at [www.danceddd.org](http://www.danceddd.org)

Parent/Gurardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_