Dancin' Feet Birthday Party/Friend Form

Dancer Name: _____ #_____
Guardian Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____
Phone #: _____
Student Birth date: _____/_____/_____ Age: _____ Current Grade: _____

Limitation of Liability

The undersigned parent, legal guardian, or participant acknowledges that even though every effort is made at Dancin' Feet Dance School to provide a safe, accident-free environment, incidents may occur. I being 18 years of age or older do for ourselves (myself) and for and on behalf of my child-participant, if said child is not 18 years of age or older, hereby release, forever discharge and agree to hold harmless the aforementioned organization, directors, employees, and agents from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child or self is participating in, going to, or coming from any activities under the direction of above described organization.

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in, recreating and work activities involved therein.

I further assert to the fact that the participant is in proper physical condition to participate in any and all activities, as stated by a physician, at the aforementioned organization. I have read, understand and will abide by the policy set forth by Dancin' Feet Dance school.

_____ Date:_____
Signature of parent/guardian/participant(if over 18)

Participants will be involved in physical activity. Please have clean, dry dance or tennis shoes.

Medical/Behavior Information:

Please list any medical information or behavior concerns that you feel would be helpful or necessary for the class dance instructor to know. Also please note if there is a specific way you would like for us to handle this situation.

_____
_____
_____
_____
_____
_____
_____
_____
_____

PHOTO RELEASE

The above named dancer may have their photo printed in publications and news articles for Dancin' Feet Dance school. It is understood that there will be no monetary compensation for use of these photo's. Photo's may be used in media, Educational, and advertising materials. Photo's may also be posted on the Dancin' Feet Website.

*** Please initial one:**

_____ I agree to release dance pictures of the above stated participant.

_____ I do not agree to release dance pictures of the above stated participant.

*** Please initial one of the above.**

Dancin' Feet Dance School, LLC

13783 Ibis St. NW, Suite 600, Andover, MN 55304
Phone: (763) 433-9332
Fax: (763) 753-8071
E-mail: dancinfeetdance@yahoo.com
www.dancinfeetdance.com