

bring a friend to class!

You are invited to **BRING A FRIEND** to class
during the week of:

February 18 – February 23

Please return this sheet to the studio office with your
friend's info by
February 2nd

Class attending: _____

Day: _____ Time: _____

Please note that the waiver must be completed in full. The
absence of info on the waiver results in the friend not being able
to participate in the dance class. **PLEASE SEE WAIVER.**



unlock unleash control
by centre stage dance studio

519-568-8920

www.unlockunleashcontrol.com

UNLOCK UNLEASH CONTROL by CSDS FRIEND WAIVER FORM

Please read and sign the following indemnity clause:

I hereby assume all of the risks arising out of, incidental to, or in any way connected with my or my child's participation in dancing lessons provided by Centre Stage Dance Studio and its teachers or agents, including, but not limited to, any risks which are not foreseeable.

I hereby release CSDS and all its officers, directors, employees, including teachers and supervisors from any and all liability and any and all claims arising out of, incidental to, or in any way connected with my or my child's participation in any lessons, competitions and or performances.

I (we) consent to the participation of the student named below in these lessons. I (we) make the acknowledgements, assume the risks and responsibilities and release the above named school and teachers in accordance with this release, acknowledgement and assumption of risk for and on behalf of myself and the student named below.

I hereby acknowledge the terms and conditions and the rules and regulations stated in this form and will adhere to them.

NEW DANCER (FRIEND'S NAME)

FRIEND OF (UUC DANCER'S NAME)

Age: _____ Birthdate: _____

Physical Limitations: _____ Allergies: _____

Name of Parent/Guardian: (please print)

phone: _____ cell: _____

email: _____

We would love to keep you current on our dance events - please leave your email.

I agree in providing my email address that I may receive messages that contain commercial content due to class, camp and event fees.

Signature of Parent /Guardian: _____

Date: _____

Please note that we may be taking a "class photo" after each class

You have my permission to take my child's photograph. (check box if yes)