Friend you are attendi	ng class with			
Class Name		Day		
Bring	a Friend to Dan	ice Permiss	sion Form	
STUDENT	Last	First	Middle	
MAILING ADDRESSStreet		State	Zip	
			Age	
HOME PHONE:		Date of Birth		
PARENTS NAMES:				
SIGNATURE (Parent/Guardian if participal	DATE nt is under 18 years of age.)			
North Beach	School of Dance – Wa v	iver and Releas	e from Liability	
I,hereby release and forever discharge representatives from all claims, disparticipation in dance at the studic directly or indirectly around the discontinuous control of the student ballet, the touching of the student hereby release and control of the student line in the studen	, recognize that on arge North Beach School of emands or claims for relief whomands shall include, but not lance school, or in any other other activities. Further, I und they the instructor may occase and execution of dance steps	Dance, LLC, its age which may arise from be limited to, any are place so designated erstand that in the insionally occur. This teps. I hereby authorize	art and injuries may occur, yet I do ents, its employees, instructors and or relate to any and all injury from all activities in the dance school, by North Beach School of Dance, struction of dance and in particular, couching will occur only in assisting the dance instructors to so touch it.	
I understand that video cameras child. The information contained of			and well-being of myself and/or my uthorized personnel only.	
			claims. In an emergency situation, I seek emergency medical treatment	
Print Name - Parent/Guardian if particip	ant is under 18 years of age	Signature		
Date				