

# Dance Arts of Rocky Mount

1248 North Wesleyan Blvd, Rocky Mount NC 27804

danceartsofrrm.com 252-442-3939

## DO YOU HAVE A FRIEND WHO WANTS TO DANCE?

Bring a friend to class the week of October 9-12. **No experience needed!**

-Regular Class schedule will apply. Pointe Class is not included in Friend Week

-ATTIRE: Wear items that enable freedom of movement.

-SHOES: Bare feet are acceptable. Tennis shoes for hip hop.

-Must bring completed Friend Form to class

**-PARTICIPATION is NOT ALLOWED without Friend Form.**

\*\*If your friend registers for dance classes during Friend Week their registration fee is waived and you receive a \$25 credit to your account!\*\*

### Dance Arts of Rocky Mount Release of Liability & Understanding of Policies

#### INVITED BY:

Name (PRINT): \_\_\_\_\_

Parent's Name (PRINT): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Contact #: \_\_\_\_\_

Allergies, health concerns: \_\_\_\_\_

In consideration of participating in classes at Dance Arts of Rocky Mount, I \_\_\_\_\_, understand there are certain risks of injury, and I am willing to assume these risks. I hereby certify that I/my child am/is capable of participating in the activities of Dance Arts of Rocky Mount and I am/my child is healthy and have no physical or mental disabilities or infirmities that would restrict full participation in dance activities except as listed below. I hereby waive, release, hold harmless and covenant not to sue Dance Arts of Rocky Mount, its officers, employees, and other representatives, for all claims made on account of an injury suffered in the normal course of dancing, whether the result of negligence or any other cause. Furthermore, I authorize the use of my, or my child's, image, likeness, and voice for all promotion, materials, and any other purposes in connection with Dance Arts of Rocky Mount's program deemed appropriate and necessary by Dance Arts of Rocky Mount. I have read, understand, and agree to this waiver and release of liability and assumption of risk.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_