



Stage Right!

Friend Form

Bring a Friend Week, February 10-15

NAME OF STAGE RIGHT STUDENT: _____

NAME OF FRIEND TRYING CLASS: _____

DATE FRIEND IS TRYING CLASS(ES): _____

AGE OF FRIEND: _____

ADDRESS OF FRIEND: _____

EMAIL ADDRESS OF FRIEND OR PARENTS/GUARDIAN: _____

As a participant or participant's parent/legal guardian, I understand that by participating in any dance and/or acting class, workshop, or voice class such as those provided and conducted by *Stage Right!*, there is a possibility of physical injury. I therefore agree to assume all risks of any such injury having arisen out of, connected with, or in any way associated with the activities of *Stage Right!* I do hereby fully release and discharge *Stage Right!*, its owners, employees, assistants, volunteers, guest artists and instructors from any and all claims from injury, damage or loss which I or my minor child may have or which may occur as a result of participation in *Stage Right!'s* activities, classes, and/or workshops. I further grant permission to *Stage Right!* to use photographs or video recordings of my minor child or I for publicity purpose in print or on the Internet.

PARENTS/GUARDIAN SIGNATURE OF FRIEND: _____

THANK YOU FOR JOINING US FOR BRING A FRIEND WEEK!