



FRIEND WEEK

I understand that there are inherent risks associated with physical activities such as dance. I waive liability from the Academy of the Arts staff members and the Academy of the Arts in the event of an accident.

Signature of Parent/Guardian _____ Date _____

Phone # _____ Email _____

Address _____ City _____ Zip _____

Name of Participate _____

I authorize the Academy of the Arts to use my child's photo for promotional/social media use.

Signature _____

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