



# BRING A FRIEND MONTH

WWW.WCDANCE.COM  
(714) 754-4199

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Mobile Phone: \_\_\_\_\_

Class: \_\_\_\_\_

Day/Time: \_\_\_\_\_

## STUDIO POLICIES:

I understand that dance is a physical activity which has the inherent possibility of injury. Therefore, I agree to hold West Coast harmless from any and all claims, costs, liabilities, expenses, or judgments resulting from any participation in its programs or classes. I further agree to indemnify and hold harmless West Coast and its staff and all West Coast from and against any and all claims.

I am aware that West Coast is not responsible for lost or stolen items left at the studio. All items left at West Coast are placed in lost and found located in the student lounge. If lost and found items are not claimed, they will be donated to a charity at the discretion of West Coast.

PARENT SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

(This side must be filled in its entirety by the new student and/or parent.)