

FRANCO DANCE PARENTAL CONSENT FORM

I, (print name clearly) _____, am the legal parent or guardian for (print name clearly) _____, and I give my consent for them to audition for and participate in the Franco Dance scholarship program.

Signed (date) _____

Signature _____

Please read carefully and sign if you agree with our policies:

1. **Liability Policy:** I and my personal agents, representatives and assigns, release and discharge the Franco Dance Studio's staff, management and representatives from any liability for personal injury or property damage rising out of the use of the premises and participation in activities outside the premises.

2. **Personal Injury:** My child will be participating in physical activities, and as such, I realize there is an element of risk involved, for which I accept full responsibility and hold harmless the staff of the Franco Dance Studio in case of injury. Any limitation in ability to participate due to medical condition must be given in writing at the time of registration. Failure to give notice in writing of such a condition is warranty that no such condition exists.

I, _____, have read and understand the rules and stipulations listed above and accept the terms.

Signed (date) _____

Signature _____

PARENT CONTACT INFORMATION

NAME _____

PHONE _____ OTHER _____

EMAIL _____

FrancoDance will contact the parents of all students who are accepted into the program, and will keep them up-to-date on scholarship activities.