



Birthday Parties

Birthday Girl/Birthday Boy _____

D.O.B _____ **Age** _____

Parent's Names _____

Home Phone _____

Cell Phone _____

Address _____

City _____ **Zip** _____

E-mail _____

How did you hear about us? _____

On occasion, Xpress Yourself Dance Studio may take photographs or videos of its instructors or students participating in classes, recitals, or other like activities. These images are for the purposes of instruction, promotion or advertisement. It is agreed that any such images become the sole property of the studio and may be used by the studio for any instructional, commercial or advertising purpose at its discretion, and any claims for such use is waived.

I have received a copy of this form. I acknowledge that I or my child(ren), as part of the dance instruction, will participate in various physical activities such as stretching, turning, jumping, etc. Unless informed in writing, Xpress Yourself Dance studio will assume I (they) have no physical or other disability which may interfere with safe participation in all activities. I hereby release Xpress Yourself Dance Studio, the Director, employees, instructors, and all affiliated entities from any and all claims for damages or injuries to property, students or visitors which may be sustained while participating in any activity associated with this studio.

Date _____ **ParentSignature** _____