

Parent Acknowledgement Signatures

_____ I hereby acknowledge and understand that if my child participates in the recital that he/she is required to attend the mandatory rehearsal that is at The DeKalb Theater on Friday, May 18th, 2011 at 6:00 pm or my child will not be able to participate in the recital. There will be no refund of any fees associated with the recital. (Costume fees, recital fees, pictures, DVD's or t-shirts)

_____ I hereby acknowledge and understand that if my child does not attend class the week before the recital then he/she will not be able to participate in the recital (for the class missed) and will not receive a refund for any fees associated with the recital.

_____ I hereby acknowledge and understand that all payments and important dates/dance information are online at Therasport.com and I am required as a parent/legal guardian to check the website to see upcoming events. I also acknowledge that all communication is done through email from the studio and I have supplied a valid email address.

_____ I hereby release and waive any claim or rights I might otherwise have to sue PINK Dance Studio, Inc. and Mindi Posey personally, its owners, officers, employees, or agents for injury to my child as a result of the dance activities performed in this dance studio.

Parent/Legal Guardian Signature: _____

Date: _____