

STUDENT APPLICATION AND WAIVER

Flavor'd Flow Studio
379 E Barthman Ave
Columbus, Ohio 43207

Student Name: _____

Class / Day / Time: _____

Age: _____

Parent Name: _____ Email: _____

Contact Phone: _____ Alternate Contact Phone: _____

Parent Name: _____ Email: _____

Contact Phone: _____ Alternate Contact Phone: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

I, _____ do not hold James Alexander, Flavor'd Flow Studio and any employees responsible for injury, stolen and/or broken property during class and/or while on the property of 379 E Barthman Ave, Columbus, OH 43207. My child and/or I know and understand they are dancing at their own risk. I also understand that my child and/or I may be filmed during class and at Flavor'd Flow Studio performances and can be used for promotional use as well as profit. If I wish for my child not to be recorded or photographed, I will send a written request to flavoredflowstudio@gmail.com

Date: _____

Parent/Guardian (print): _____

Parent/Guardian signature: _____