BILLINGS DANCE PERMISSION FORM

All School Dance

May 2, 2025

Student Name: _____

Important: (ex: meds) _____

_____

The All School Dance starts at 6:00pm and ends at 8:00pm and will be held in the gym at Billings Middle School, 12351 8th Ave NE.

Waiver:

I understand that all activities, including school dances, involve a certain amount of risk of injury. I understand the risks involved in this event and that Billings cannot eliminate or prevent injuries from occurring to participants. I hereby give my permission for my child to go to the All School Dance, and I assume and accept all risks related to such participation.

I agree that Billings, its officers, trustees, employees and agents shall not be liable for injuries or harm to my student or my child's property or be subject to any claim or demand for any damages, loss, injury, or medical expenses whatsoever arising out of my child's participation in Billings' All School Dance. I hereby give my permission that in the event of an illness or injury, my child may be treated for such illness or injury.

Parent/Guardian Signature: _____ Date: _____