You are invited to join

for a class in

on the following day and time

Please read and sign the following and bring this invitation with you!

Medical / Photo Releasel certify that the student registered is physically capable of participating fully in all activities at Pegasus Studios. I assume all risk and responsibilities and understand that Pegasus Studios operates in a professional manner in an attempt to ensure the safety and well being of all students. It is my responsibility to inform Pegasus Studios, in writing, of any medical conditions that they should be aware of and inform them of any actions that should be taken. I hereby understand and agree that Pegasus Studios has permission to photograph and videotape the registered student and to reproduce such photographs and video for the use of the studio. No names will be posted with photos without additional permission.

Parent Signature	