

Dove Dance School

Medical/Injury Release Form

(Please turn in with your registration form.)

Dancer's Name _____

Age: _____ Phone Number: () _____

Cell: () _____

Parent's/Guardian's Name—if under the age of 18:

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Hospital(s) of choice (I.e., covered by your insurance plan, etc.)? _____

Dancer's CURRENT PHYSICAL CONDITION(S):

Please list any medications you are currently taking:

Please list any allergies, medical conditions, physical restrictions, current injury (ies), etc. that may effect you:

RELEASE

I, the undersigned, do hereby voluntarily release and hold harmless, Dove Dance, their officers, agents, and staff from all manner of suits, actions, claims, demands, and liabilities which may arise from my participation and/or the participation of my minor child in any phase of dance classes, rehearsals, performances, or activity on Dove Dance property.

I understand that this document constitutes a full and complete waiver of all possible claims, including claims for negligence in personal injury, property damage, and lost or stolen property arising out of my participation/my minor child's participation in dance classes, rehearsals, events, or activity on Dove Dance property, etc..

Signature (Parent or legal guardian's signature if under the age of 18)

DATE