



**WAIVER OF LIABILITY AND MEDICAL RELEASE**

Instructors and coaches of the Dancensations dance and gymnastics program are safety conscious and follow appropriate safety procedures. In the event of injury or illness, every effort will be made to contact the parent or guardian.

The student has had a medical exam within the last 12 months and is capable of participating in dance and/or gymnastics.

I understand that participation in dance and/or gymnastics activities involves motion, rotation and height in a unique environment and as such carries a reasonable assumption of risk. I hereby waive, release and hold harmless Dancensations Dance Center, Inc., its directors, employees and staff from liability or claim resulting from my or my child's participation in this program.

I authorize Dancensations Dance Center, Inc. to administer first-aid and/or authorize medical treatment if necessary. I hereby grant authority to allow all emergency medical treatment necessary at any medical facility and assume the responsibility for payment of this medical treatment.

Student's Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Company Phone No.: \_\_\_\_\_

Insurance ID No.: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Drug allergies and other medical information regarding my child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Participation Agreement**

I/we grant Dancensations Dance Center and its Directors permission to use photographs and/or videos/DVDs of my child in their advertisements and/or website.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date