



WAIVER OF LIABILITY & MEDICAL RELEASE

I understand that participation in dance/fitness classes carries a reasonable assumption of risk. I hereby waive, release and hold harmless Dancensations, its director, employees, and staff from liability or claim resulting from my or my child's participation in this program.

I attest that the student has had a medical exam within the last 12 months and is capable of participating in dance/fitness classes.

I authorize Dancensations 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 and its Director permission to use photographs and/or videos/DVDs of my child in their advertisements and/or website.

Parent/Guardian Signature

Date