



## **Medical, Photo, Participation Releases 2020-2021**

### **Medical Release:**

I give permission for **Dance for Joy** to give basic first aid to my child and take appropriate action including contacting emergency medical services (EMS) personnel, arrange for transportation to Hudson Valley Hospital to receive the appropriate level of care as determined by qualified medical professionals and to the appropriate medical facility to treat my child in the event of an emergency. In the event my child is injured or ill, I understand that **Dance for Joy** will attempt to contact me.

Medical conditions of concern: \_\_\_\_\_

Allergies: \_\_\_\_\_

Parent Initial: \_\_\_\_\_

### **Photo Release:**

I grant **Dance for Joy**, its representatives, and employees the right to take photographs of my child in connection with any activities with the dance school. I authorize **Dance for Joy**, its assigns, and transferees to copyright, use and publish the same in print and/or electronically. I agree that **Dance for Joy** may use such photographs of my child with or without my child's name and for any lawful purpose, such as publicity, illustration, advertising, and web content.

Parent Initial: \_\_\_\_\_

### **Participation Release:**

I understand that **Dance for Joy** makes every effort to ensure proper technique and I will not hold **Dance for Joy** responsible for any injuries incurred while in class, rehearsal, or performance. Furthermore, the parent or guardian, by signing this registration form, agrees that he/she assumes any and all liability for and kind of loss, damage, injury, or other claims that may be brought by reason of the child's participation in and attendance at the **Dance for Joy** requested activities.

Parent Initial: \_\_\_\_\_

I have read this agreement and understand that once it is signed by me it is a legal and enforceable obligation.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_