



MEDICAL WAIVER & LIABILITY RELEASE

I, the parent or legal guardian of the daughter/son identified below, do hereby grant permission, for my daughter/son to participate in classes, workshops, and activities conducted by DANCERS GIVE BACK DALLAS and Dance Industry Performing Arts Center. In order that my daughter/son may receive necessary medical treatment in the event she/he sustains injury or illness during a DANCERS GIVE BACK DALLAS class, workshop, or activity, I hereby authorize DANCERS GIVE BACK DALLAS, Dance Industry Performing Arts Center, or its representatives to obtain medical treatment for my daughter/son for any such injury or illness, which treatment may include but is not limited to the transfer or admission of my daughter/son to an area physician office, medical center, or hospital. I hereby hold harmless DANCERS GIVE BACK DALLAS, Dance Industry Performing Arts Center, or its representatives from all action taken by them in the exercise of such authority and agree to identify such organization and the persons for any liability, expense, and cost mentioned by them in the exercise of such authority.

I understand that participation in DANCERS GIVE BACK DALLAS classes, workshops, and other activities involves a possibility that my daughter/son could sustain or suffer physical injury or illness (minimal, serious, or catastrophic). Knowing the risks of such participation, I acknowledge and agree that my daughter/son is assuming the risk of such physical illness or injury by his/her participation and, on behalf of the undersigned, my daughter/son and his/her heirs and assigns; I hereby release, discharge, and hold harmless DANCERS GIVE BACK DALLAS, Dance Industry Performing Arts Center, or its representatives from any and all claims for personal injury or illness or otherwise that may arise from or relate to my daughter's/son's participation in the DANCERS GIVE BACK DALLAS classes, workshops, and activities.

In addition to the above authorizations, I hereby grant my permission to qualified physicians and medical center and hospital staff members to administer immediate treatment to my daughter/son should she/he become ill or injured.

PERMISSION TO USE PICTURES AND VIDEO

For good and valuable consideration, I give DANCERS GIVE BACK DALLAS, the absolute right and permission to publish, copyright and use pictures or videos of me in which I may be included in whole or in part, composite or retouched, in character or form, in conjunction with DANCERS GIVE BACK DALLAS.

PARTICIPANT'S NAME (PLEASE PRINT): _____

PARENT/LEGAL GUARDIAN'S SIGNATURE: _____

HOME PH: _____ CELL PH: _____

INSURANCE CARRIER: _____

INSURANCE POLICY #: _____

LIST ALL MEDICATIONS CURRENTLY TAKEN: _____