

MEDICAL TREATMENT AUTHORIZATION AND 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 and activities conducted by or at 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 DANCE INDUSTRY PERFORMING ARTS CENTER class, session, or other activity. I hereby authorize the DANCE INDUSTRY PERFORMING ARTS CENTER and its directors and other 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 the DANCE PERFORMING ARTS CENTER, as well as their respective directors, officers, employees, agents, and other representatives from all action taken by them in the exercise of such authority and agree to identify such organizations and the persons for any liability, expense, and cost mentioned by them in the exercise of such authority.

I understand that participation in the DANCE INDUSTRY PERFORMING ARTS CENTER classes, sessions, 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 the DANCE INDUSTRY PERFORMING ARTS CENTER, as well as their respective directors, officers, employee's, agents and other representative 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 DANCE INDUSTRY PERFORMING ARTS CENTER classes, workshops, recitals, and any other outside activities including visits to surrounding businesses.

In the additional 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. I also authorize the staff of DANCE INDUSTRY PERFORMING ARTS CENTER to give my daughter/son non-prescription medicine, except as otherwise permitted down below.

In the additional 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. I also authorize the staff of DANCE INDUSTRY PERFORMING ARTS CENTER to give my daughter/son non-prescription medicine, except as otherwise permitted down below.

STUDENT NAME (PLEASE PRINT): _____

PARENT'S SIGNATURE: _____

TELEPHONE NUMBERS

HOME: _____

WORK: _____

CELL: _____

INSURANCE CARRIER: _____

LIST ALL MEDICATION ALLERGIES: _____

LIST ALL MEDICATIONS CURRENTLY TAKEN: _____

ANY OTHER PERTINENT MEDICAL FACTS: _____