

EMERGENCY MEDICAL, RELEASE FORM & POLICY AGREEMENT

STUDENT'S

NAME _____ DOB __/__/__ AGE _____ GRADE _____

PARENTS or Guardians NAMES _____

HOME PHONE _____ CELL _____ WORK/ Other _____

PHYSICAL/MENTAL/MEDICAL CONDITION OR LIMITATIONS? : _____

ANY MEDICATIONS? _____

SPECIAL INSTRUCTIONS? _____

EMERGENCY CONTACT OTHER THAN ABOVE:

NAME _____

PHONE _____ OTHER _____

ATTENDS CLASSES: Put next to day(s)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

RELEASE & POLICY AGREEMENT

1. For full and valid consideration, the receipt of which is hereby acknowledged, I student/parent of _____ hereby release, acquit and discharge Dance Dimensions, its agents, employees and instructors from all claims and demands, actions and causes of actions for damages, costs, loss of service and expenses which I or my minor child may have now or in the future on account of or in any way growing out of injuries, illness or other loss resulting or to result from any action or lack of action of Dance Dimensions, its agents, servants, employees and instructors and do hereby for myself or my minor child hold harmless Dance Dimensions, its agents, servants, employees and instructors from all claims and demands, actions and causes of actions for damages, costs and expenses on account of or in any way growing out of any injury, illness, loss, accident or results therefrom, both to person and property, which occur to myself or my minor child while on the premises of and/or engaged in any activities in connection with Dance Dimensions.

2. I have read and agree to follow the Dance Dimensions Policies.

Signed _____ Date _____