



## MEDICAL RELEASE FORM

### Section 1: Assumption of Risk and Waiver

#### Liability Disclaimer

Art in Motion, its instructors, teachers and volunteers are not liable for personal injuries or loss of, or damage to personal property. Each student may decline to participate in any activity and is responsible for informing the instructor or the Director of any limitations, physical or other, which may prevent full participation in the activity.

Art in Motion strongly urges all participants to consult with their physician or health professional before beginning any serious exercise program.

To the best of my knowledge, I am in good health and have no limitations, physical or otherwise, that would prevent my full participation in the program or class indicated above.

If I do have a limitation that may prevent me from full participation in the program or class indicated above. I have explained the nature of this limitation on the back of this page.

#### Hold Harmless

I understand that dance is a physical activity that could cause injury. I hereby assume the risk for any injury that my child may sustain while participating in the activities offered at Art In Motion Dance Company "Activities" include all in-house activities, as well as off-site activities, including, but not limited to conventions, competitions, dress rehearsals, recitals, etc. I agree to release and hold-harmless and forever discharge Art In Motion Dance Company, its officials, faculty and staff, agents, other employees or volunteers from any actions, suits, damages, claims or judgments that may result from any personal injury that my child sustain while on the premises of Art In Motion Dance Company and at all off-site activities offered to my child.

Student Signature (if age 18 or older) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if student is a minor) \_\_\_\_\_ Date \_\_\_\_\_

### Section 2: Art In Motion Dance Company Medical Information and Treatment Release

In consideration of my/my child's participation in an Art In Motion Dance Company activity, and the inherent risks of a dance activity that may result in injury/harm requiring emergency medical treatment, I authorize Art In Motion Dance Company, its successors or assigns, directors, employees, agents, and/or volunteers to obtain and release to any Art In Motion Dance Company or activity personnel (including, but not limited to, organizers, instructors, adjudicators, chaperons), and to any first-aid and safety personnel, medical professionals, and treating medical facility, any information regarding my/my child's medical history, symptoms, treatment, exam results, and/or diagnosis.

#### I HAVE READ THIS ENTIRE RELEASE AND AGREE TO IT:

Parent/Guardian \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELATED INFORMATION**

Student's Full Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Parent or Guardian Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

If Parent or Guardian is unavailable Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Student is allergic to: \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

Student takes the following medication(s): \_\_\_\_\_

(for) \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

As parent or guardian of the above named child, please attempt to contact me at the time of the accident or illness without postponing medical treatment.

Other instructions:

**REPORT OF EXISTING MEDICAL CONDITION(S)**

Does the above named student of Art In Motion Dance Comapany have any medical condition(s) that may be affected by participation in an Art In Motion Dance Company activity? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes, complete section 3 of this form.

**SECTION 3: EXAMINING PHYSICIAN'S RELEASE**

Physician's Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Licensure No. \_\_\_\_\_ State of: \_\_\_\_\_

The above named student has been seen by me on (date):

*I hereby release the above named Art In Motion Dance Comapny student to participate in all dance activities. I am familiar with all of the requirements of the Art In Motion Dance Company events. If I believe the member may participate in some of the events but not in others, I will list them below.*

Medical Condition: \_\_\_\_\_

Limitations (use additional page if necessary to explain): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_