



MEDICAL AND LEGAL RELEASE FORM

I, _____ (parent/guardian's name), hereby give permission for any and all medical attention to be administered to my child(ren) _____, _____, _____ in the event of an accident, injury, sickness, etc., under the direction of the physician(s) listed below or by emergency personnel, or at any necessary emergency facility, until such time as I may be contacted. I also assume responsibility for the payment of any and all such treatment. This release is effective for a period of one year from the date signed below.

Parent Address: _____	Cell Phone #: _____
City: _____, Utah	Home phone #: _____
Insurance Company: _____	
Name of Primary Insured: _____	ID # _____
Group Number: _____	Policy Number: _____
Child's Physician: _____	Phone Number: _____
<u>Known Allergies</u>	
Child: _____	Allergies: _____
Child: _____	Allergies: _____
Child: _____	Allergies: _____

I, _____ (parent/guardian's name), hereby register my child(ren) _____, _____ in dance education programs taught by the staff of Utah Dance Artists.

I hereby release Utah Dance Artists, Brooke Maxwell and all UDA staff and faculty members from any and all claims of damage or injury suffered by myself and the above listed registered students in connection with or by the association of Utah Dance Artists. This includes my heirs who may not act in my behalf.

By enrolling the above registered student(s), I certify that he/she/they is/are in good physical condition and able to participate in the activities that have been or will be scheduled. I understand and assume all risks involved in connection with dance instruction, rehearsal and training at Utah Dance Artists including, but not limited to, risk of bodily injury occurring as a result of contact with other students, instructors, walls, equipment, floors, supplies and other objects on the premises of the Dance Studio. I understand that any injuries that may occur are the sole responsibility of me, the parent/legal guardian, of the above registered student(s). I further understand that I, as the responsible party, must carry my own insurance and that dance/tumbling classes are taken at my own risk, and I accept this responsibility.

I have read and understand the above terms of this waiver, and agree to abide fully by its terms.

Signature of Parent/Guardian: _____ Date Signed: _____