

*Insurance Company and  
Policy # or Insurance  
Waiver REQUIRED for  
Camp Participation...  
No Phone Approval!*



**WAIVER OF LIABILITY/MEDICAL/PUBLICITY RELEASE FORM**

I hereby waive and absolve TrendSetters Dance Camps and all divisions thereof of any and all liability and responsibility for injuries, sickness, accidents and/or acts of God incurred during participation in and/or instruction of camps, intensives, private instruction, choreography or any dance activity by myself/my child, whose name is:

Please Print Name of Student \_\_\_\_\_

Grade \_\_\_\_\_

In consideration of my signed release allowing my child to participate in a TrendSetters Dance Camp activity, I, intending to be legally bound, do hereby, my heirs, executor and administration, waive, release, and forever discharge any and all rights and claims for damage which I may have or which may hereafter accrue to me against TrendSetters Dance, the Camp Directors or their respective associates, successors, and/or assignee, for any and all damages which may be sustained or suffered by me or my child in connection with my association with or participation in, or traveling to and/or returning from the respective camp site. In the event of injury/accident/sickness, TrendSetters Dance officials and/or instructors are to contact the Team Director and designated adult listed below. In addition, I hereby give my permission for my child to be photographed, videotaped and/or audio taped during the Camp. I further give permission for such photographs, videotapes and audiotapes to be used in print or broadcast media as deemed appropriate for promotion and publicity of TrendSetters Dance Events. Additionally, I have listed below any pertinent medical information. I further understand and agree that in the event that the above-named son/daughter be involved in activities that violate or compromise the rules, policies, or purposes of TrendSetters Dance, I will pay and accept full responsibility for release of my child to my custody and care.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Parent/Guardian Phone # (Cell/Work/Home)

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date

**IN CASE OF EMERGENCY CALL: (Please Print Legibly)**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell/Work/Home Phone #: \_\_\_\_\_

Dr. Name: \_\_\_\_\_ Dr. Phone #: \_\_\_\_\_

Family Medical Insurance Company: \_\_\_\_\_

Policy or Group #: \_\_\_\_\_

List Food/Drug Allergies: \_\_\_\_\_

Medications Taken Regularly: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

List Other Medical Conditions: \_\_\_\_\_