



MEDICAL AUTHORIZATION & LIABILITY RELEASE

A copy of this form must be completed by each participant and turned in prior to the camp or event. If you do not have this form on record prior to the camp or event, you will NOT be allowed to participate.

I. I, the undersigned parent or guardian, do hereby grant permission for my son/daughter, and hereinafter shall be referred to as "participant," to participate in any TrendSetters Dance hereinafter referred to as "TrendSetters Dance" event or camp. In order that the participant may receive the necessary medical treatment, in the event of an injury or illness, I hereby hold TrendSetters Dance and its representatives harmless in the exercise of this authority.

II. I further acknowledge, understand and agree that in taking part in this clinic, camp or event, there is a possibility of physical illness or injury (minimal, serious or catastrophic) and that participant is assuming the risk of such illness or injury by participating. I agree to accept responsibility for my child, his/her safety, and welfare during this event or camp.

III. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, Influenza and COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

IV. I further agree to hold harmless TrendSetters Dance, including its principals, directors, officers, staff and employees which conduct the event or camp, for and/or from any illness or injury incurred by participant during the course of said camp/clinic or special event.

V. Finally, we agree not to pursue TrendSetters Dance, its principals, instructors, associates, or affiliates legally, if these issues do come to pass.

Participant Name: _____

Parent/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Cell #: _____

Dr. Name: _____ Dr. Contact #: _____

Insurance Company: _____ Policy or Group #: _____

Food/Drug Allergies: _____

Medications taken daily: _____

Date of last tetanus shot: _____ Other Medications: _____

Parent/ Guardian Signature: _____ Date: _____