

American Dance Alliance

Dance Regional and State Championship 2009-10

Medical Information /Liability Form Release

- **Copy** one for every team member (required)
- **Parents must sign**
- **Collect** the signed forms from all participants
- Squad members who do not turn in fully completed forms will not be allowed to participate (no refunds).
- **Bring to registration table.**

_____/_____/_____
 Participants Name Birth Date

_____-_____-_____
 Participants Social Security Number (**optional**)

 Parent/Guardian Name

 Team Name

 Address

 In Case Of Emergency, Notify Relationship

 City State Zip

 Emergency Phone

 Phone # Cell # Participant E-mail

 Health Insurance Carrier Policy Number

I hereby waive American Dance Inc. dba American Dance Alliance and duly authorized agents, servants, or staff of all responsibility in the event of any type of injury, health condition, or physical problem that my son/daughter may already have or receive as a participant in any American Dance Alliance event. Please note: injuries can be severe in nature—including but not limited to broken bones, torn ligaments, paralysis and even death.

I certify that my son/daughter has no health or physical defect, which will hamper his/her ability to participate in the American Dance Alliance Contest

My son/daughter is covered by adequate health insurance to cover any cost of any accident and/or injury that might occur to him/her during American Dance Alliance Camps, Local, Regional and/ or State contests. Any costs not covered by insurance will be my personal responsibility.

I give my consent for my child to receive emergency medical care and/or be transported by ambulance or other conveyance to a doctor or hospital for attention and treatment.

I have read and I understand all the aforementioned points. I give my son/daughter my permission to participate in the aforementioned camp/competition. In addition, I agree to the following two clauses:

Media Release

1. By signing this waiver, I hereby release any photos and/or video footage of my son/daughter that may be taken during any American Dance Alliance Camp, Local, Regional, or State Contest.
2. I understand that these photos and/or video will be in good taste and could be used for ADA promotional media only.

Please list any medical conditions we need to be aware of in case of an emergency.

 Parent Signature

 Date