

PARENTAL CONSENT AND ASSUMPTION OF RISK FOR PARTICIPATION IN A R T S PROGRAMS

I do hereby give my consent for my son/daughter/ward to participate in the activity program held at Blackbird Dance Company.

I understand and acknowledge that these activities, by their very nature, pose the potential physical risks and these activities are completely voluntary.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that Blackbird Dance Company, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this PARENTAL CONSENT FOR PARTICIPATION IN DANCE/CIRCUS PROGRAM FORM and that I understand and agree to its terms.

Signature of Parent/Guardian. _____ Date _____

Signature Of Student _____ Date -----

MEDICAL AUTHORIZATION

Student's Name

Parent/Guardian (please print)

Should it be necessary for my child to have

medical treatment while participating in this activity, I hereby give the Blackbird Dance Co personnel permission to use their judgment in obtaining medical services for my child, and I give permission to the physician selected by the Blackbird Dance Co personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that Blackbird Dance Co has no insurance covering such medical and hospital costs incurred by my child/ward and therefore any costs for such treatments shall be my responsibility.

Address Home

Telephone Business

Telephone Emergency

Telephone

-----Date
Parent/Guardian Signature of Approval _____

PLEASE CHECK IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT OR ALLERGY/FOOD NOTES FOR YOUR CHILD ARE ON FILE AT BLACKBIRD DANCE CO.

ANY SPECIAL INSTRUCTIONS, CONCERNS, PREVIOUS INJURIES, ALLERGIES, OR FOOD NOTES FOR OUR DIRECTORS AND STAFF:

-----Date
Parent/Guardian Signature of Approval

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