

DUNAMIX DANCE PROJECT
MEDICAL RELEASE/WAIVER FORM

Dancer Name/Age _____

I, _____ understand that while dancing with Dunamix Dance Project, in class, rehearsal or performance, my child may be at risk of physical illness or injury (minimal, serious, catastrophic and/ or death) and I acknowledge that my child is assuming the risk of illness or injury by dancing with Dunamix Dance Project. In the event of illness or injury, I authorize Dunamix Dance Project to obtain necessary treatment on my child's behalf. I further acknowledge and understand that I will be responsible for any and all medical related bills that may be incurred for any illness or injury my child may sustain while dancing with Dunamix Dance Project.

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Doctor's Name: _____

Doctor's Telephone Number: _____

Medications: _____

Allergies: _____

On behalf of my child, I hereby warrant that I have read this Medical Release/Waiver in its entirety and fully understand the contents. I am aware that this Medical release/Waiver exempts the liability of Dunamix Dance Project, Frank and Nicole Thomas and all teachers and acknowledges my voluntary and knowing assumption of the risk of injury or illness. I have signed this document voluntarily and of my own free will.

Parent Signature/ Date _____ / /

AUTHORIZATION TO USE PHOTOGRAPHS/VIDEOS

I, _____, give Dunamix Dance Project the right to use of photographs/videos of my child for promotional material.

Parent Signature/ Date _____ / /

FINANCIAL AGREEMENT

I, _____, understand that I am responsible for monthly tuition payments for Dunamix Dance Project. In addition, I am responsible for the recital costume balance, and fees.

Parent Signature/ Date _____ / /

Dancers will not be allowed to participate in classes with Dunamix Dance Project without this form on file.