

IDBDC Junior/Youth program

Waiver Form

For

(Full name of attendee)

Independence Day Ball DanceSport Camp Waiver Form

Emergency contact form

Child's Name _____ D.O.B. _____ Age _____ Sex _____
Address _____
City _____ State _____ Zip _____
Phone # _____
Cell# _____
Work # _____
Other # _____

Emergency Contract Person and Information:

1) Name _____ Relationship: _____
Phone #'s Home - _____ Cell _____
Work _____

2) Name _____ Relationship: _____ Phone
#'s Home _____ Cell _____
Work _____

3) Name _____ Relationship: _____ Phone
#'s Home _____ Cell _____
Work _____

Independence Day Ball DanceSport Camp Waiver Form

Insurance/Medical Form

I, _____(print name of parent/guardian) being the parent/guardian of _____(print name of minor child) have been informed of the above activity sponsored by Independence Day Ball LLC and hereby give my consent for my minor child to participate in this activity. They are attending with _____(Adult Name/Studio Name) during the dates of _____.

I understand that all reasonable safety precautions will be taken by the authorities of this event/activity and that the possibility of an unforeseen hazard does exist.

Being the parent/guardian of _____(print name of minor child) I do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I can not - be reached in an emergency, I give permission to the camp authorities to make the necessary decisions for treatment. Should there not be an camp authority available, I give permission to the attending physician or a qualified medical staff to treat my minor child. I further understand that the doctors, dentists, and other care providers attending to my child will take all reasonable safety precautions during their care. Further, as parent or legal guardian, I am responsible for the healthcare decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the organization sponsoring this event (Independence Day Ball LLC) will be used only as the secondary coverage and it does not cover pre-existing conditions.

Please list any allergies your child has or may have:

Please list any pre-existing conditions your child has or may have:

Signature of Parent/Guardian _____ Date _____

Signature of Minor Child _____ Date _____

Insurance Co. Name _____

Policy # _____

Group # _____
Name of Insured _____

I further agree to release and forever discharge the camp and each and every one of its officers, directors, partners, shareholders, employees, agents, insurers, affiliates, successors in interest, attorneys, or any other person or persons associated with any or all of them or any variation in the name of any or all of them who might be liable (the "Released Parties") from all causes of action, suits, claims, demands, or any other damages or costs associated with actions taken by the Released Parties relative to the health, sickness, and treatment of _____.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any current or future disputed or alleged claims or causes of action relative to the health, sickness, and treatment of _____ against the Released Parties.

I represent and acknowledge that I have read and understand this agreement and release and warrant that all statements made herein are true to the best of my knowledge. I further warrant and acknowledge that I am of legal age, legally competent to execute this agreement and release, and accept full responsibility there for.

Independence Day Ball DanceSport Camp Waiver Form

Student Media Release Consent Form

I, _____, hereby agree and give my permission
(Name of parent/guardian if student is a minor, under the age of 18.)

for the

(Name of student)

I understand that external media organizations may attend center events. I give permission for my child's name, image, student work, and performance to be photographed, filmed, audio-taped or videotaped for the purpose of being published and/or broadcast on-line, on television or radio.

I hereby waive any right to approve the use of these works now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these works.

I understand that the works may appear in electronic form on the internet or in other publications outside of the Independence Day Ball LLC's control. I agree that I will not hold the Independence Day Ball LLC, Championship Dance Camps LLC, any of its employees or volunteers responsible for any harm that may arise from such unauthorized reproduction.

Please mark this box if you **AGREE** that your child may participate in media events that may be published or broadcast by organizations external to the Independence Day Ball LLC's

I have read this Student Media Release Consent Form and I fully understand the contents and meaning of this release. I understand that I am free to contact the director with any questions regarding this release.

Student's Name: _____

Student's Signature (If 18 years of age or older):

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature _____
(If student is a minor – under the age of 18):