



American Dance Alliance

Liability Release/Waiver/Medical Information

Event: 2018 Leadership & Team Camp

*All students must complete form completely to participate * **Parent/Guardian signature is required**

Participant Information

First Name _____ Last _____
Date of Birth _____ Gender M/F _____
Address _____ City _____
Zip code _____ Email Address _____
School _____
Team Name _____

List any medical Conditions we need to be aware of in case of an emergency.

Emergency Contact

Name _____ Relationship _____ Cell _____

I hereby waive American Dance Alliance, and all hired staff and volunteers, Miami Dade County Public Schools, Florida Board of Trustees 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 including but not limited to Regional Dance Contest, State dance contest, Dance Camp/ workshop et al. Please note: injuries can be severe in nature including but not limited to broken bones, torn ligaments, sprains, 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 may occur to him/ her during American Dance Alliance dance camp. Any costs not covered by insurance will be my responsibility as parent/ guardian. 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 or treatment.

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

Media Release:

1. By signing the waiver, I hereby release any photos and/or video footage taken during any American Dance Alliance event.
2. I understand that these photos and/or video will be in good taste and could be used for American Dance Alliance promotional media including but not limited too social medial, web pages, instagram, etc.

Parent /Guardian

Signature: _____ Date: _____