

Waiver of Liability and Emergency Medical Information

This information is mandatory

I release and hold Inlet Dance Theatre, East Cleveland Theatre, their agents, board of directors and staff harmless from any and all liabilities while participating in Inlet Dance Theatre's classes and activities. I understand that this registration information will be kept on file in Inlet's database and photos of me or my child may be used for publicity without compensation.

Applicant signature

Parent/Guardian signature

Date

Medical Information

Name of participant's doctor

Insurance Company

Doctor's phone number

Policy No.

Medical conditions (*please list*) _____

Medication (*please list*) _____

Emergency Medical Transportation

I hereby give permission for myself / my child to be transported to a medical facility in the case of a medical emergency.

Parent/Guardian signature

Date