

School Year \_\_\_\_\_

Student Name: Last, First \_\_\_\_\_

## Waiver of Liability and Emergency Medical Information

- THIS FORM IS MANDATORY -

I release and hold Inlet Dance Theatre, East Cleveland Theater, 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 \_\_\_\_\_