

Medical Release Form

Name _____ Telephone Number _____

Do you have any known allergies? Yes ___ No ___ If yes, to what? _____

Are you currently taking medication? Yes ___ No ___ If yes, what are you taking? _____

Please describe Medical condition that we should be aware of: _____

Are you physically fit to study dance? _____

I, _____ (parent/guardian) am the parent of legal Guardian

of _____ (minor child). I understand that dance, creative movement and yoga involve physical contact between dancers, that serious accidents occasionally occur during such activities, and that participants in such activities occasionally sustain serious personal injuries (including death) and/or property damage as a consequence thereof. Knowing the risks of participation, I hereby agree that my minor child and I assume those risks and release and hold harmless SCBT and its agents, sponsors and employees who (through negligence or carelessness) might otherwise be liable to me, my minor child (or our heirs or assigns) for damages. I agree neither my minor child nor I will make a claim against, sue, attach the property of or prosecute SCBT, their agents, sponsors or employees for damages, death, personal injury or property damages which my minor child may sustain as a result of my child's participation in these activities.

I attest that I am eighteen years old or older, and that my child is physically fit and has no known medical conditions which prohibit participation in this activity. My child and I agree to follow all laws, rules and guidelines regulating the conduct of SCBT dancers.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability from myself and my child and a contract between myself, my child, and SCBT and its agents, sponsors and employees, and I have signed it of my own free will.

Signature _____ Date _____