

## Abilities Dance Waiver & Medical Release

Please complete this Abilities Dance Waiver and Medical Release, sign both releases, have your parent or guardian sign them, and take the signed form with you to the Abilities Dance class you are attending. In order to participate in the event, this form, signed by your parent or guardian and you, must be presented at your first class. Please print clearly.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*(Street) (City) (State) (Zip)*

**Phone (Home):** \_\_\_\_\_ **Phone (Parent Work):** \_\_\_\_\_

**Phone (Parent Cell):** \_\_\_\_\_

**AD Release:** Abilities Dance (AD) requires a signed release covering all dancers. The release must be signed by the adult dancer or by the parent or guardian of any entrant who is a minor. Enrollment of my entry in these classes is without assumption or responsibility of any kind by the Abilities Dance Program. I am aware that dance is a physically demanding activity and I will not attempt to push my body to the limit and to an inevitable injury. In order to participate, I do hereby for and on behalf of myself, and my heirs and my legal representatives release and forever discharge AD of and from any and all claims and damages, losses or injuries which may be suffered or sustained by me in connection with my activities during the period for which such permission is granted and any period traveling to and from the events described, and all claims are hereby waived and released, and I covenant not to sue therefore.

\_\_\_\_\_  
*(Signature of Adult Entrant or Signature of Parent or Guardian of Minor Entrant) (Date)*  
*\*If attendee is under 18 years of age, parent or legal guardian must sign on behalf of attendee.*

**Comments:** *Please provide any additional information that might affect this dancer, such as seizures, behavioral issues, medication, etc.:*

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**Medical Release:** I hereby consent to the rendering of emergency first aid and other medical procedures, which at the time of injury or illness seems reasonably advisable. I further understand that I will be responsible for payment of any such medical procedures. In order to participate, I hereby agree to abide by all applicable rules and regulations and codes of AD for this program, and hereby consent to be tested for drugs pursuant to the provisions thereof.

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*(Signature of Adult Entrant or Signature of Parent or Guardian of Minor Entrant) (Date)*  
*\*If attendee is under 18 years of age, parent or legal guardian must sign on behalf of attendee.*