

# Liability and Media Release/Medical Information Form



## General Liability Release

Name of Student: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

I, \_\_\_\_\_ (Name of Parent or Legal Representative), acknowledge that my daughter, son, and/or child for whom I have legal custody has voluntarily applied to engage in dance and dance-related programs and activities with Captivating Dance by Nona. I understand I should be aware of my child's physical limitations and agree to inform the studio of such limitations.

I understand that participation in dance class, practice, workshop, camp, intensive, rehearsal, performance, competition or other dance activity is potentially risky. I knowingly and voluntarily agree to assume all reasonable risks and responsibilities for any such injury or accident, which might occur to my child or me before, during, or after any Captivating Dance by Nona dance or dance-related activity that my child or myself has chosen to participate in except for those resulting from negligence or willful misconduct on the part of Captivating Dance by Nona or any of its agents. I am aware that Captivating Dance by Nona classes may be given both on the campus of Menlo-Atherton High School and at the Captivating Dance by Nona studios on Menalto Avenue, Menlo Park CA, and that my child may on occasion chose to use facilities or patronize businesses outside of the dance studio and I understand that Captivating Dance by Nona is not responsible for any injury or accident that occurs under such circumstances unless it arises due to negligence or willful misconduct on the part of Captivating Dance by Nona or any of its agents.

I am aware that my child may on occasion be driven by an agent of Captivating Dance by Nona either between studios (classes are given on the campus of Menlo-Atherton High School and/or the "Menalto Studios" located at 1919 & 1923 Menalto Ave, Menlo Park) or to or from a competition, convention or other dance-related activity as a convenience to parents and I understand that Captivating Dance by Nona is not responsible for any injury or accident that occurs under such circumstances unless it arises due to negligence or willful misconduct on the part of Captivating Dance by Nona or any of its agents.

I knowingly and voluntarily exempt, release, indemnify, and hold harmless Captivating Dance by Nona, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, independent contractors, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes, activities or events conducted by Captivating Dance by Nona, except for those resulting from negligence or willful misconduct on the part of Captivating Dance by Nona. I further hereby knowingly and voluntarily agree to waive my rights and that of my heirs and personal representative(s) to hold Captivating Dance by Nona, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, independent contractors, and/or students liable for such damage, loss, injury, or death.

## Media Release & Authorization

I hereby give Captivating Dance by Nona permission to use still or video images of my child dancing with Captivating Dance by Nona in any reasonable form of advertisement for the studio.

## Medical Authorization

I hereby give Captivating Dance by Nona permission to seek emergency treatment for my child and I authorize Captivating Dance by Nona representatives to give permission for the performance of emergency medical and dental examination(s) and necessary treatments (including tests, x-rays, medication or emergency procedures) as deemed necessary by the physician/dentist in attendance. If any emergency arises, Captivating Dance by Nona representative will attempt to reach me and/or my child's emergency contacts and be guided by given instructions. If I cannot be reached, I authorize the attending physician/dentist to act as reasonable medical judgment dictates. I agree to accept financial responsibility for the costs/debts related to any and all emergency treatment deemed necessary by the physician/dentist in attendance. In the event that my child has a special medical need such as a life-threatening allergy or a disease, which requires monitoring or medication, I will make appropriate arrangements in advance and provide all necessary information to Captivating Dance By Nona.

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Dance Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If over the age of 18)

Print Name: \_\_\_\_\_

**Medical and Contact Information: Please print legibly.**

Mother/Legal Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_  
Employer: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Father/Legal Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_  
Employer: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**Emergency Contact (Other Than Parents/Legal Guardians)**

1st Emergency Contact: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

2nd Emergency Contact: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Student Information**

**Medical Conditions:  Yes  No**

Medications Student Takes: \_\_\_\_\_

Dosage: \_\_\_\_\_

If Yes, Please Specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Dentist's Phone Number: \_\_\_\_\_

**Please attach copies of medical and dental insurance cards OR provide information below:**

**Medical:**

Insurance Company: \_\_\_\_\_ Name of Subscriber: \_\_\_\_\_

Policy/Member #: \_\_\_\_\_ Group #: \_\_\_\_\_

Insurance Company Telephone: \_\_ (\_\_\_\_) \_\_\_\_\_

**Dental:**

Insurance Company: \_\_\_\_\_ Name of Subscriber: \_\_\_\_\_

Policy/Member #: \_\_\_\_\_ Group #: \_\_\_\_\_

Insurance Company Telephone: \_\_ (\_\_\_\_) \_\_\_\_\_

**Mail Completed Forms to:**

CDBN  
1923 Menalto Ave.  
Menlo Park, CA 94025