



Summer Camp Permission Slip/Liability Waiver

As the parent/legal guardian of _____, I am in complete understanding that my son/daughter may **walk to Willow Oaks Park** and/or be **transported to Burgess Pool** while under the supervision of **Captivating Dance By Nona**. I fully understand that this is a public venue and I agree that I will not hold the **Captivating Dance By Nona**, any of their **agents, assigns, employees, or volunteer sponsors** (hereafter all referred to as **sponsors**) liable for any accidents, injuries, or any other unforeseen harms incurred at any time while participating in this activity, except in the case of gross negligence. I authorize **Captivating Dance By Nona** and their **sponsors** to find adequate and reasonable medical treatment at my expense, if the need arises.

This waiver will serve as a medical release form, thus authorizing the sponsor permission to act on my behalf until such a time that I can be contacted.

Additionally, I understand that if my son/daughter engages in any known or unknown illegal activities at any time while participating in this youth event, **Captivating Dance By Nona** and their **sponsors** will not be liable for any damages or problems he/she may cause, and will not be liable to perform any legal defense on their behalf. I also understand that if any problems do arise, my son/daughter will be sent home, at my expense, on the first available means of transportation, at the **sponsor's** discretion, and I will be contacted in the event this action is necessary.

I understand that by signing below, as the parent/legal guardian, I agree to and will adhere to the preceding statements and grant permission for my child to participate in this activity. Also, I understand that my child will not be allowed to participate if this completed form does not accompany them before the activity begins.

Your signature below also indicates that you have read and agree to our Summer Camp Studio Policies (separate document that can be found on our website: www.captivatingdancebynona.com and at our dance studio).

PARENT/GUARDIAN SIGNATURE

DATE

TEL # (s).

ADDITIONAL INFORMATION

Please give your child's insurance information below. This information will only be used if a situation warrants emergency medical attention. If we do not have this information we will still seek medical treatment, but the billing issues will need to be settled between you, the insurance provider, and the medical provider.

Insurance Provider Name

Policy Number

Insured's Name

Group Number (if applicable)

Doctor

Phone #

Any allergies or medical information we should know? If yes, describe:
