

Full of Grace Dance Instruction & Fitness Center

Emergency Medical Release & Liability Waiver

Participant's Name _____ Birthdate _____

Address _____

Number of years at Full of Grace _____

E-mail address _____

Would you like to receive email updates/announcements (for example: closings, schedule updates, etc..) from Full of Grace Dance Instruction & Fitness Center? YES NO

Is it OK to put a picture of your child on our website (on the internet)? YES NO

Emergency Information

Parent/Guardian Name _____

Home Phone Number _____

Cell Phone Number _____

Medical/Hospital Insurance Carrier _____

Policy Holder's Name _____

Policy Number _____

The Authorization for Emergency Medical Treatment must be completed before any classes may be started.

I, the undersigned (if participant is 18 years of age or older) or parent/guardian of the above listed minor acknowledge and fully understand that the participant will be engaging in activities that involve risk of serious injury, disability, or death. I accept personal responsibility for such injuries and release Full of Grace Dance Instruction and Fitness Center, it's owner, agents, and volunteers from any and all liability. I, hereby, give my permission to Full of Grace dance Instruction and Fitness Center, it's owner, agents, and volunteers to seek emergency medical attention for the participant until I can be reached and agree to full financial responsibility for the cost of such treatment. I have read the above waiver/release and understand that I have given up the substantial rights in signing this release and sign below voluntarily.

Parent/Guardian Signature _____ Date _____

Participants Signature (if 18 or older) _____ Date _____

ATTACH A COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.