



INSPIRE™

DANCE & WELLNESS STUDIOS

Releases

Medical Release

I, _____ (participant/parent/guardian name) hereby give permission for any and all medical attention to be administered to _____ (participant's name) in the event of accident, injury, sickness, etc., under the direction of the physician(s) listed below or at any necessary emergency facility, until such time as they may make emergency contact. I assume the responsibility for the payment of any such treatment required for possible injuries sustained during class and declare that I will not hold the facility or staff of Inspire Dance and Wellness Studios liable for any such accident, injury, sickness, etc. This release is effective for the period of one year from the date given below.

Physician's Name _____

Hospital Name _____

Known Allergies _____

Please list any other medical conditions your instructor should be aware of:

Photo Release

I understand that INSPIRE Dance & Wellness may photograph or videotape my dependent/myself in classroom settings and/or during performances or rehearsals.

I hereby grant to INSPIRE Dance & Wellness the right to use photographs or videotape of my dependent/myself for publicity purposes. To ensure privacy, specific names will not be included.

Participant/Parent or Guardian Signature

Date