

Emergency information:

Contact Name _____ **Phone** _____

Doctor _____ **Phone** _____

I, the adult applicant or I, the parent legal guardian of the applicant listed below, hereby give approval of the applicant's participation in any and all Dance Center programs and activities registered below. I do waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants and persons involved in the operation of The Dance Center, Inc. programs for any claims arising out of injury or other loss to named applicant or any member of his/her family whether as a participant in the activities or as a spectator. I understand every effort will be made to contact me, the contact person or the doctor. If we cannot be reached, I give my consent for the emergency room physician to treat myself, my child, or my family. I also give permission for The Dance Center, to take photos of me or my child to use for the website and for purposes of promoting the school.

Parent/Guardian Signature _____ **Date** _____