



**PERMISSION AND
EMERGENCY MEDICAL
RELEASE FORM**

Please mail one copy of this form for each participant to the Long Beach Ballet.

During the festival, company chaperones must have a copy in their possession for those under 21.

Section 1 – General Information	
Name of participant:	Age:
Address:	
City:	State: Zip:
Home phone: ()	Email:
Company name:	
Company Spokesperson during the Festival:	
Participant's Medical Insurance Company:	
Name of Policy Holder:	Policy #
Ballet Company's Liability Insurance Carrier	

Section 2 – Contact & Medical Information	
Emergency contact name:	Relationship:
Home phone: ()	Other phone: ()
Address:	
City:	State: Zip:
Please include information that would be helpful in the case of an emergency:	
Drug allergies/other medical condition:	

Section 3 – Permission Form (complete this section if participant is under 21)	
Parent or Guardian:	
All Phone Numbers:	
Address:	
City:	State: Zip:

I hereby give permission for _____ to attend the Regional Dance America/Pacific Festival 2008 in Long Beach, California and to receive medical treatment at local major medical facilities.

Signature of Parent or Guardian Date

Person(s) attending festival permitted to sign participant into medical facility.

Indemnity/Hold Harmless Agreement (Must be signed to participate in festival)

I agree to indemnify and hold harmless and defend Long Beach Ballet, their sponsor organizations, agents, officers and employees from and against any and all suits, actions, claims and expenses including attorney fees by reason of the liability imposed by law upon Long Beach Ballet, except in cases of its sole negligence, for damage because of bodily injury, including death resulting therefrom, sustained by any person or persons, or on account of damage to property arising out of this agreement.

Signature of participant over 21

Signature of Parent or Guardian