

Permission and Emergency Medical Release Form

Due April 1, 2010

Please return 1 copy per participant

Participants *under* 21 years of age please complete section 1,2, and 3.

Participants *over* 21 years of age please complete section 1 and 2.

Company chaperones must have a copy of this form for each participant under 21 at festival.

Section 1. General Information		Date:
Name of Participant:		Age:
Address:		
City:	State:	Zip
Home Phone:	Email:	
Company Name:		
Company Director(s):		
Spokesperson:		
Name of Participant Medical Insurance Company:		
Name of Policy Holder:	Policy Number:	
Ballet Company's Insurance Carrier:		
Section 2. Medical information. In an emergency, please call		
Name:	Home Phone:	
Relationship:	Other Phone:	
Address:		
City	State:	Zip:
<i>Please include information helpful in the case of an emergency:</i>		
Drug allergies, diabetes, etc.:		
Date of last tetanus shot:		
Section 3. Permission Form. If participant is under 21, please complete this section.		
Parent or Guardian:		
Phone(s)		
Address:		
City:	State:	Zip:

I hereby give permission for _____ to attend the Regional Dance America/Pacific Festival 2010 in Richland, Washington and to receive medical treatment at local major medical facilities.

Signature of Parent or Guardian

Person(s) attending festival permitted to sign participant into hospital

Indemnity/Hold Harmless Agreement. (Must be signed)

I agree to indemnify and hold harmless and defend Mid-Columbia Ballet, their sponsor organizations, agents, officers, and employees from and against any and all suits, action, claims and expenses including attorney fees by reason of the liability imposed by law upon Mid-Columbia Ballet, except in cases of its sole negligence, for damage because of bodily injury, including death resulting therefrom, sustained by and 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