



Dance Time, Inc

INSURANCE WAIVER



I, _____, the undersigned parental/legal guardian of _____, authorize my child's full participation in dance classes given by the Dance Time, Inc, Inc. (DTI). including related dance activities. I understand that activities are not without some inherent risk of injury. In consideration of my child's right to participate in this activity, by my signature below, I _____, understand that participation in this event is by my own inclination, and I and all parties on my behalf agree to discharge and hold harmless DTI, Inc., Instructors, Facility, Vendors, Operators of this program, and all others involved with DTI, Inc.. I assume full responsibility for any risk occurring from my child's participation. I release the administration and the employees of this DTI, Inc. from responsibility in case of illness or injury of my child, while performing.

_____ **Parent's Initials**

I also give my permission for my child to receive any emergency medical treatment by a healthcare professional, including emergency medical transportation, which may be required for injuries sustained by my child. I agree to indemnify and hold harmless DTI, Inc. any costs incurred to treat my child, even if a DTI employee has signed a hospital documentation promising to pay for the treatment. . I am aware that neither the hosting facility nor DTI, Inc. and its staff will be responsible for covering any medical expenses due to any occurring injuries.

_____ **Parent's Initials**

I also understand that if such an injury should occur I must submit a written doctor's excuse to the director before my child can participate in future rehearsals or performances. Furthermore, I understand that if I have any questions regarding the information in this waiver, I must contact the director/owner immediately.

_____ **Parent's Initials**

I give permission to use my child's name, picture, and likeness for any promotional use. including but not limited to brochures, flyers, recruitment materials, public affairs releases, posters, and other endeavors.

_____ **Parent's Initials**

Print Parent/Guardian Name

Parent/Guardian Signature

Date

INSURANCE COVERAGE FOR INJURY IS REQUIRED BY ALL PARTICIPANTS. I HEREBY AUTHORIZE ANY MEDICAL TREATMENT WHICH MAY BE ADVISED OR RECOMMENDED.

Student's Name _____ Age _____
Parent/Guardian Name _____ Home Phone _____
Work Phone _____ Cell Phone _____
Yes, I have required insurance _____ No, I do not have the required insurance _____
Insurance Company _____ Policy # _____
Doctor's Name _____ Dr. Address _____
Doctor's Phone _____
Emergency Contact Person _____ Phone Number _____
Relation _____
List any allergies, medications, or conditions that we should be made aware of:

I authorize the following people/person other than myself to pick up my child.

1. _____ Phone Number _____
2. _____ Phone Number _____