

**AUTHORIZATION FOR MEDICAL TREATMENT**

**Parent or Guardians For Minors:**

You have our permission in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child \_\_\_\_\_, as they may deem advisable.

Medical Conditions/Allergies: \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE NOTIFY:**

1. \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. \_\_\_\_\_

Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Further, in consideration of my child's participation in this program, I, \_\_\_\_\_ parent of \_\_\_\_\_, intending to be legally bound, so hereby waive, release, and forever discharge any and all rights and claims for damages, including any claims for loss, damages. or injury to my child's person or property arising from the performance or failure of performance of Fusion Dance Company and its representatives, successors, and assigns.

Student's Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**If Over 18 Please fill out below:**

In consideration of my participation in this program, I \_\_\_\_\_, intending to be legally bound, so hereby waive, releases and forever discharge any and all rights and claims for damages, including claims for loss, damages or injury to myself or property arising from the performance or failure of performance of Fusion Dance Company and its representatives, successors, and assigns.

Signature \_\_\_\_\_

Participants Name (please print) \_\_\_\_\_

Any questions, please contact Fusion Dance Company at 727-938-9008