



## Participation and Medical Release Form

### **PLEASE COMPLETE FULLY AND PRINT CLEARLY:**

In consideration of \_\_\_\_\_ (participant name) being permitted to participate in classes, workshops, or performances, by signing below, I release Ballet Tennessee, Inc. and VanCura Ballet Conservatory from any and all liability for any and all loss and damage, on account of any injury or loss suffered by the participant. I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee, and that if any portion is held invalid, that the balance shall continue in full legal effect. I give permission for the use of my child's image (my image) in all media and advertising used by the Conservatory or Ballet Tennessee.

Date: \_\_\_\_\_

Signature (of parent/guardian if student is under 18 years of age) \_\_\_\_\_

If student has a medical/behavioral condition that needs special attention, a conference must be scheduled with Mr. and/or Mrs. VanCura prior to attending classes or rehearsals with Ballet Tennessee and VanCura Ballet Conservatory.

Are there any medical or behavioral conditions the faculty or staff needs to be aware of? \_\_\_\_\_

### **Medical Authorization:**

Permission is hereby granted to transport above named participant to a doctor or hospital in case of emergency due to illness or injury when unable to locate parent/guardian.

Name of Physician: \_\_\_\_\_

Insurance Policy and Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_