

MEDICAL CONSENT AND LIABILITY RELEASE FORM

Dance! Orange County, LLC / dba Tustin Dance Center

I do hereby release DANCE! ORANGE COUNTY, LLC (dba TUSTIN DANCE CENTER), its members, officers, employees and instructors from all liability or claims from any injury or death resulting or arising from participation in dance, ballet, gymnastics or related activities occurring at said studio. This release applies to me or to the child I have listed below.

I have been fully informed as to the nature of the activities in which my child or I will be participating in the classes for which my child or I have registered, as well as potential risks which could be involved. I have been given an opportunity to ask any questions and I have received satisfactory responses.

I further attest that any medical treatment required will be provided through the following insurance policy:

Name of Insurance Company: _____

Policy Number: _____

I would prefer medical treatment to be provided by my physician, if possible:

Physician: _____

Phone Number: _____

I hereby give consent to DANCE! ORANGE COUNTY (dba TUSTIN DANCE CENTER), its members, officers, employees and instructors to take my child or me to any licensed physician or medical facility at their discretion and to authorize any medical examination and/or treatment.

Signature of
Participant, Parent, or Guardian: _____

Phone #: _____ Work or Cell # _____
(Circle one)

Date: _____

Participant's Name: _____
(Dancer's Name)