

ARLINGTON DANCE THEATRE, INC. dba
DANCE THEATRE OF ARLINGTON *presents*
DANCE! TEXAS
IN DOWNTOWN ARLINGTON

MEDICAL AUTHORIZATION AND LIABILITY RELEASE FORM

I, _____, the undersigned parent or guardian, do hereby grant permission for my daughter and/or son, _____ (hereinafter referred to as "participant"), to participate in any Dance Theatre of Arlington program or event. In order that the participant may receive the necessary medical treatment, in the event of an injury or illness, I hereby hold Dance Theatre of Arlington and its representatives harmless in the exercise of this authority.

I further acknowledge, understand and agree that in taking part in this event there is a possibility of physical illness or injury, whether minimal, serious or catastrophic, and that the participant and/or parent/guardian is assuming the risk of such illness or injury. I agree to accept responsibility for the participant, her and/or his safety and welfare during the course of this program or event.

I further agree to hold harmless Dance Theatre of Arlington, including its Board of Directors, Advisory Board, staff, employees, instructors, independent contractors and any other persons associated with this event who are operating under the authority of Dance Theatre of Arlington, from any expense resulting from any illness and/or injury incurred by participant during the course of said program and/or events.

Finally, I agree not to pursue Dance Theatre of Arlington, its principals, instructors, associates or affiliates, sponsors, Board of Directors or Advisory Board members with any legal action in the event of any illness and/or injury of the participant that occurs during the described program and/or events.

Signature of Participant

Signature of Parent or Guardian

Address of Parent or Guardian

City, State and ZIP

Home Phone of Parent or Guardian

Cell Phone of Parent or Guardian

Date

NOTE: *If participant is taking any medication, please provide a list on a separate sheet attached to this form. Make sure participant brings the medication with her/him and understands the proper dosage.*