

Shining Fame Dance Challenge

Medical/Legal Release Form

Name _____ Birthdate _____

Team Name _____

Parent Name _____ Phone _____

Parent Name _____ Phone _____

Parent Name _____ Phone _____

Parent Name _____ Phone _____

Address _____

City/State/Zip _____

Emergency Contact _____ Phone _____

Insurance Company _____ Policy Number _____

Any known medical conditions, health problems, allergies, etc. _____

I certify that _____ is physically capable and able to fulfill requirements necessary to participate in the Shining Fame Dance Challenge. I understand that this form legally releases all obligations and responsibilities of the medical treatment of my son/daughter in the event of illness during participation when either parent/guardian can not be reached. I also understand that I am responsible for payment of medial expensed should an injury/illness occur. Shining Fame Performance is committed to providing a safe environment in which to participate. However, as with all athletic activity, the possibility of injury exists. Injuries that may occur include, but are not limited to, the following: blisters, muscle and ligament strains, joint and muscle soreness, abrasions, contusions, stress fractures, broken bones, spinal cord injuries involving paralysis and even death. I acknowledge and understand the risks involved in this event and grant permissions for my child to participate. I further agree to hold harmless Shining Fame Performance and Minnesota West Community and Technical College and its affiliates, the competition facility and all associated staff for any injury/illness sustained as a result of my son's/daughter's participation in this event.

I have read the above warning and thoroughly appreciate/understand the assumptions of risks inherent in participating in the Shining Fame Dance Challenge.

Parent/Guardian Signature _____ Date _____

Student Signature (if age 18 or older) _____ Date _____