



“Life’s EPIC endorsement!”

ADULT 2018/ 2019
RELEASE WAIVERS

EMERGENCY/ MEDICAL INFORMATION

HOSPITAL/ CLINIC PREFERENCE: _____
PHYSICIAN’S NAME: _____
PHYSICIAN’S PHONE NUMBER: _____
INSURANCE COMPANY: _____
PHONE NUMBER: _____
POLICY NUMBER: _____

1) Do you have any medical conditions and/or allergies that may be pertinent to your affiliation at E.P.I.C.? YES NO

a. If yes, please list: _____

b. Medications taken for the above condition(s):

c. If NO medical conditions, please initial here: _____

2) Have you had any of the following (please check all that apply):

- | | | | |
|--|---|----------------------------------|--|
| <input type="checkbox"/> Head Injuries | <input type="checkbox"/> Hip Injuries | <input type="checkbox"/> Sprains | <input type="checkbox"/> Back Injuries |
| <input type="checkbox"/> Neck Injuries | <input type="checkbox"/> Knee Injuries | <input type="checkbox"/> Breaks | <input type="checkbox"/> Foot Injuries |
| <input type="checkbox"/> Shoulder Injuries | <input type="checkbox"/> Ankle Injuries | <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Other: _____ | | | |

a. Please explain the above checked:

b. Will this affect class? YES NO
i. If yes, please explain: _____
ii. If NO affect, please initial here: _____

3) Height _____ Feet _____ Inches Weight _____ Pounds

MEDICAL RELEASE

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/ or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for myself and waive my right to informed consent of treatment. This waiver applies in the event that an emergency contact cannot be reached in the case of an emergency.

Signature of Participant _____

Date
_ / _ / _

Printed Name of Participant _____



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I, _____ (PRINT YOUR NAME) have chosen to participate in dance instruction given by Elite Performance Infusion Center LLC (E.P.I.C.) I understand the potential dangers involved in dance and that there risks include but are not limited to injury of ligaments, muscles, tendons, bones, and additional aspects of the body that may include head, neck, or spine. I acknowledge that I understand the nature of the activities I will be participating in and that I am in the proper physical condition and capable of participating in the related activities, understanding that E.P.I.C. is not in any way responsible for making such a determination.

In consideration of my enrollment in any dance instruction program, I understand and agree on behalf of myself, to release, hold harmless, and discharge E.P.I.C. from all claims, costs, liabilities, expenses or judgments, including attorneys’ fees and court costs for any occurrences in connection with any instruction. I assume all risks in connection with any instruction and further release E.P.I.C. and its owners and employees from liability for any injury sustained while enrolled in any dance instruction program, including all risks reasonably connected with such activity whether foreseen or unforeseen.

I understand that E.P.I.C. is not responsible for children under my supervision who are left unsupervised in the common areas and areas surrounding the dance studio and that E.P.I.C. will only be supervising those participating in scheduled dance activities, programs or instruction. I understand that E.P.I.C. is not responsible for personal property that is lost, damaged or stolen while I am at or on E.P.I.C. property.

I acknowledge and agree that it is my responsibility to maintain my own accident and health insurance coverage that provides adequate coverage for me participating in E.P.I.C. activities. If I do not have insurance coverage, I acknowledge and agree that I am responsible for all billing costs incurred, and that E.P.I.C. is not to be held responsible. I acknowledge that the information provided on the **“EMERGENCY/ MEDICAL INFORMATION”** form is to be utilized at the discretion of E.P.I.C. and that E.P.I.C., personnel, affiliates, and/ or members are not held liable for such decisions made.

My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein, and agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this form.

I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS RELEASE AND HAVE READ THE SAME PRIOR TO SIGNING.

Signature of Participant

Date

__/__/__

Printed Name of Participant



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HANDBOOKS

I, _____ (PRINT YOUR NAME), understand the importance of following the teacher’s instructions regarding techniques, training, and other studio policies and agree that I will obey these rules as set forth in the handbooks. I agree that E.P.I.C. has the right to deny participation for violating any rules/ policies in the handbooks or otherwise implemented. I acknowledge that in the event additional discretion is required, E.P.I.C. reserves the right remove individuals from the premises as deemed necessary. E.P.I.C. reserves the right to determine whether or not a refund or class make-up will be permitted.

Signature of Participant

Date

Printed Name of Participant

__/__/__

RELEASE FORM FOR MEDIA RECORDING

I, the undersigned, do hereby grant permission to Elite Performance Infusion Center to use the image of myself, _____ (PRINT NAME.) Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, advertising, videos, and digital images such as those on Elite Performance Infusion Center’s website and Facebook page. By signing this form, I understand that I am giving unrestricted permission for my image to be used in print, video, and digital media. I agree that these images may be used by Elite Performance Infusion Center for a variety of purposes and that these images may be used without further notifying me. I do understand that my last name will not be used in conjunction with any video or digital images.

Signature of Participant

Date

Printed Name of Participant

__/__/__