



*“Life’s EPIC endarcement!”*

Child/ Youth 2017/ 2018  
RELEASE WAIVERS

**EMERGENCY/ MEDICAL INFORMATION**

**HOSPITAL/ CLINIC PREFERENCE:** \_\_\_\_\_

**PHYSICIAN’S NAME:** \_\_\_\_\_

**PHYSICIAN’S PHONE NUMBER:** \_\_\_\_\_

**INSURANCE COMPANY:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

**1) Does your child have any medical conditions and/or allergies that may be pertinent to his/her affiliation at E.P.I.C.?  YES  NO**

**a. If yes, please list:** \_\_\_\_\_  
\_\_\_\_\_

**b. Medications my child takes for the above condition(s):**  
\_\_\_\_\_  
\_\_\_\_\_

**c. If NO medical conditions, please initial here: \_\_\_\_\_**

**2) Has your child had any of the following (please check all that apply):**

- Head Injuries                       Hip Injuries                       Sprains                       Back Injuries
- Neck Injuries                       Knee Injuries                       Breaks                       Foot Injuries
- Shoulder Injuries                       Ankle Injuries                       Hearing                       Vision
- 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) Child’s Height**      \_\_\_\_\_Feet      \_\_\_\_\_Inches                      **Child’s 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 my child and waive my right to informed consent of treatment. This waiver applies in the event that parent/ guardian or emergency contact cannot be reached in the case of an emergency.

Signature of Participant’s Parent or Guardian

Date  
\_/\_/\_\_\_\_

Printed Name of Participant’s Parent or Guardian

\_\_\_\_\_



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I, \_\_\_\_\_ (PRINT YOUR NAME) have chosen to have my child,  
\_\_\_\_\_ (PRINT CHILD’S NAME), 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 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 my child will be participating in and that my child is 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 child’s enrollment in any dance instruction program, I understand and agree on behalf of myself and my child, 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 to my child in connection with any instruction and further release E.P.I.C. and its owners and employees from liability for any injury sustained by my child while he or she is 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 my child or other 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 my child when he or she is 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 or my child is 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 and my child 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’s Parent or Guardian

Date

\_\_\_\_\_

\_\_/\_\_/\_\_

Printed Name of Participant’s Parent or Guardian

\_\_\_\_\_



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**HANDBOOKS**

I, \_\_\_\_\_ (PRINT YOUR NAME) and \_\_\_\_\_ (PRINT CHILD’S NAME), understand the importance of following the teacher’s instructions regarding techniques, training, and other studio policies and agree that my child 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’s Parent or Guardian

Date

\_\_\_\_\_  
Printed Name of Participant’s Parent or Guardian

\_\_/\_\_/\_\_

**PARENT RELEASE FORM FOR MEDIA RECORDING**

I, the undersigned, do hereby grant permission to Elite Performance Infusion Center to use the image of my child, \_\_\_\_\_ (PRINT CHILD’S 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 child’s 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 the child’s last name will not be used in conjunction with any video or digital images.

Signature of Participant’s Parent or Guardian

Date

\_\_\_\_\_  
Printed Name of Participant’s Parent or Guardian

\_\_/\_\_/\_\_