

Parent Consent/Assumption of Risk

I _____ hereby give our consent for my son/daughter _____ to engage in activities provided by the LFW Dance Studios. Participation may result in severe injury, including paralysis or death. I am the parent or legal guardians of the child(ren) identified below and voluntarily authorize and give my full consent and approval for my child(ren) to participate in any activity at LFW Dance Studio.

I hereby certify that my child is fully capable of participating in dance or other activity offered by LFW and that my child is healthy and has no issues that would restrict full participation in these activities, EXCEPT as made known to LFW.

In case of an emergency and I can not be reached, I give permission for LFW Staff to seek medical care for my child if needed.

Parent/Guardian signature: _____ Date: _____

Child(ren) Doctor: _____ Phone Number: _____

Insurance Company: _____ Policy Number: _____

Medication Currently Taking: _____

Allergies to medications: _____

Further medical information, special needs and disabilities: _____
