

WALK IN Medical Release Form

Student Name: _____

I understand that class activities may involve hazards for which M.A. Dance Project and its faculty cannot be held responsible. I authorize staff at M.A. Dance Project to seek medical care in the event that my child becomes ill or injured in class or on the premises. I further understand and agree that the School, agents, representatives or employees may administer first aid in the event of minor injuries and family doctors will be called when, in the discretion of the School, it is deemed necessary. I also acknowledge that my child or self will be photographed or videotaped for education and performance purposes.

Signature: _____ *Date:* _____

Print Name: _____

Phone #: _____