

**Tennessee Association of Dance Conference 2010  
Release for Emergency Medical Treatment & General Liability Release**

**PLEASE NOTE:** This form, completed and signed, is required in order for participation and for TAD to access medical treatment for any participant in the event that emergency medical attention is needed. This form is **REQUIRED** for participants to attend classes. Attendees **CANNOT** receive their class schedules until form is returned. **PLEASE PRINT AND COMPLETE BOTH PAGES.**

**Minors under 18 complete both pages.**

**Adult participants complete 2<sup>nd</sup> page only.**

**Part 1:** As custodial parent or guardian of (child's full name) \_\_\_\_\_ I hereby authorize (chaperoning dance teacher) \_\_\_\_\_ cell phone: \_\_\_\_\_ and/or (adult chaperone on site at the conference)

\_\_\_\_\_ cell phone: \_\_\_\_\_ and the Directors and employees of the Tennessee Association of Dance to take my child to any hospital emergency room (for treatment), without first obtaining my consent in the event my child is sick, hurt, or in need of medical attention, and it is impracticable or impossible for the above named chaperones or a representative of the Tennessee Association of Dance to get in touch with me prior to obtaining medical attention for my child. I do further release and absolve the Tennessee Association of Dance, its directors, employees and contractors from any liability as a result of obtaining such medical treatment for my child.

Further, I authorize the doctor or doctors, nurses, hospital, or emergency room of any hospital to render the treatment necessary for the illness, sickness, or injury of my child who is brought to such institution for treatment by the above named chaperones, or by any director, employee or other representative of the Tennessee Association of Dance.

I have provided my student's chaperone with the appropriate insurance information in the unlikely event of an injury that would require emergency treatment.

IN WITNESS WHEREOF, I have hereto attached my signature, the custodial parent or guardian of the aforesaid child on this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

Custodial Parent or Guardian (please type or print): \_\_\_\_\_

Signature: \_\_\_\_\_ Phone (with area code): \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

**Please complete Part 2 on back page**

**Return to TAD by October 9, 2010 or bring with you to Conference.**

**Mail to: Tennessee Association of Dance • P.O. Box 4368 • Chattanooga, TN 37405**

**Attendees will not receive class schedule and may NOT participate until both pages are returned.**

**Part 2:**

I fully understand by signing this document that the participant registered above will be engaged in intense physical activity that contains the inherent risk of physical injury. Knowing that fact, I release and agree to hold harmless the Tennessee Association of Dance, its directors, employees, contractors, and event hosts from any liability for personal injury or property damage while the participant is enrolled. Enrollment and participation are the sole risk of participants and legal guardians.

Further, I, the undersigned, authorize TAD the use of images in photos, and/or videos/DVDs for publicity purposes in TAD sanctioned materials.

Participant Name: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature: \_\_\_\_\_

Parent signature required if registrant under 18):

\_\_\_\_\_

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