Tennessee Dance Festival 2019
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 2nd 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.

Signature: _____ Phone (with area code): _____

Custodial Parent or Guardian (please type or print name): _____

Date signed: _____

Student's Name: _____Date of Birth:_____

Home Address: _____

City/State/ZIP: _____

Please complete Part 2 on back page

Return to TAD via email by September 23, 2019 or bring with you to the Festival.

info@tennesseedance.org

Attendees will not receive Registration packet 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):

X_____

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