HILLSIDE DANCE COLLECTIVE · BARBARA'S ACADEMY X PROJECT PIVOT · HILLSIDE ELEMENTARY

Participation Waiver & Medical Release

Fall session · Sept 29 – Nov 19 · one form per dancer

DANCER'S NAME _____ GRADE & GROUP _____

PARENT / GUARDIAN _____ PHONE _____

EMERGENCY CONTACT (NAME & PHONE) _____

ALLERGIES / MEDICAL CONDITIONS THE INSTRUCTOR SHOULD KNOW ABOUT _____

Assumption of risk

I understand that dance instruction involves physical activity that carries a risk of injury. In consideration of my dancer's participation in the Hillside Dance Collective after-school program ("the Program"), held at Hillside Elementary and led by instructor Angela Probst in partnership with Barbara's Academy of Dance and Project Pivot, I accept these ordinary risks and agree that my dancer will follow the instructor's safety instructions.

Release

To the fullest extent permitted by Michigan law, I release Barbara's Academy of Dance, Project Pivot, the Program's instructors and staff, and Hillside Elementary from liability for injuries arising from the ordinary risks of dance instruction, except where caused by negligence or willful misconduct. This release applies to the fall session (Sept 29 – Nov 19), including classes and the end-of-session showcase.

Dismissal & pickup

I will arrange for my dancer to be picked up promptly at 4:35 pm at Hillside Elementary, or confirm in writing that my dancer may walk home or attend on-site aftercare. The Program's supervision ends at pickup.

Medical authorization

If I cannot be reached in an emergency, I authorize the Program's staff to obtain medical care for my dancer, at my expense. I will keep the instructor informed of any changes to the medical information above. Questions: Angela Probst · (248) 982-8367 · aguerro28@gmail.com.

PARENT / GUARDIAN SIGNATURE _____ DATE _____

PRINTED NAME _____

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