

**FOOTSTEPS MEDICAL RELEASE FORM
EMERGENCY CONTACT INFO**

I hereby give permission for any and all medical attention to be administered to my child, _____ (child's name), in the event of an accident, injury, sickness, etc., under the direction of the physician(s) listed below or at any necessary emergency facility, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

I understand that dance, being a physical activity, inherently involves the risk of injury. I hereby absolve the Footsteps Family Dance Center of all responsibility for any injuries that I/my child may suffer as a result of regular dance class activities, provided that proper attention be given by the instructor to the safety of the students.

This release is effective for a period of one year from the date stated below.

Parent/guardian signature _____ Date _____

Family physician _____ Phone _____

Insurance Company _____

Policy Number _____

Emergency Contact _____ Phone _____

Known Allergies _____

Medical Conditions _____

PHOTO RELEASE

By signing below, I indicate that I give my permission for my dancer's photos to be used in Footsteps Family Dance Center advertising, promotions, and on the studio website. I understand that all photos used in such ways are published anonymously for security purposes.

Parent/guardian signature _____

