

Consent of Treatment

I, the parent or legal guardian of _____ authorize treatment for injury or illness suffered while participating in practices or performances for the Dynamic Dance Allstars at practice or performance locations.

Proof of Accident and Medical Insurance

I understand that Dynamic Dance Allstars will not provide medical nor accident insurance coverage for Dance Team Members. In case of injury to my son/daughter _____, I will not hold Dynamic Dance Allstars/Debbie VonOehsen, or the sponsors/coaches responsible.

Waiver of Liability

If an accident should occur, we (I) will take full responsibility for any medical supervision or care that may be necessary and will not hold the Dynamic Dance Allstars Team and/or Coaches/Debbie VonOehsen responsible for any financial compensation due to an injury incurred during the practices/performances of the Dynamic Dance Allstars. I have read the above information in its entirety. I understand that the Dynamic Dance Allstars/Debbie VonOehsen are not responsible for any injuries sustained during any events, practices, or performances. I hereby give my consent to participate in the Dynamic Dance Allstars program.

Insurance Information

Name of Insurance Company: _____

Policy Number: _____

****I certify that I am covered by the above listed insurance company by signing below.**

Participants Signature: _____

Parent's Signature (If participant is under the age of 18): _____

Witness Signature (Must be signed by a witness): _____

Today's Date: _____