



MEDICAL AUTHORIZATION AND LIABILITY RELEASE FORM

*A Copy of this form must be completed by each participant and turned in on the first day of camp!
If you do not have this form on the first day of camp, you will NOT be allowed to participate!*

- I. I, the undersigned parent or guardian, do hereby grant permission for my son/daughter, whose name is _____, and hereinafter shall be referred to as "participant," to participate in any HTEDance & Spirit Group, Inc., hereinafter referred to as "HTEDance", event or camp. In order that the participant may receive the necessary medical treatment, in the event of an injury or illness, I hereby hold HTEDance and its representatives harmless in the exercise of this authority.
- II. I further acknowledge, understand and agree that in taking part in this clinic, camp or event, there is a possibility of physical illness or injury (minimal, serious, or catastrophic) and that participant is assuming the risk of such illness or injury by participating. I agree to accept responsibility for my child, his/her safety and welfare during the course of this camp.
- III. I further agree to hold harmless HTEDance, including its principals, directors, officers, staff and employees which conduct the camp, for and/or from any illness or injury incurred by participant during the course of said camp/clinic or special event.
- IV. Finally, we agree not to pursue HTEDance, its principals, instructors, associates or affiliates legally, in the event that these issues do come to pass.

(Student/Participant Signature)

(Parent/Guardian Signature)

(Student/Participant's School Name)

(Parent/Guardian Address)

(Parent's Home Phone Number)

(Parent/Guardian City/State/Zip)

(Date Signed)

(Parent/Guardian Work Number)

NOTE: *Please list below any medication to which participant is allergic or is currently taking. If participant is under medication, please check to make sure he/she brings his/her medication and that he/she takes the prescribed dosage.*