



**Release Form-Youth**  
**(Please complete a separate form for each Dancer)**

**Biographical Information**

Dancer's Name: \_\_\_\_\_ ( ) Male ( ) Female

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Parent(s)/Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

If applicable, name of any other Parent/Guardian with whom the Dancer participant lives:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Health:**

Allergies: \_\_\_\_\_

Other conditions or situations that may arise during SonDance activities about which we should know:

**Emergency Contact Information**

**Primary Emergency Contact Name:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Night Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Medical Information**

Family Doctor: \_\_\_\_\_ City: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of Main Insured: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

( ) I am interested in volunteering, please contact me.

**Photo/Video Release:**

I agree that photos and videos may be taken of my Dancer while at the SonDance programs and events and may be used by SonDance/Messiah Christian Church for future promotional purposes.

**ROC Program Liability Release and Waiver Agreement**

**Medical Release:**

I understand that every effort will be made to contact the Primary Emergency Contacts in the event of an emergency. In the event that no contact can be reached in an emergency while my Dancer is with SonDance/Messiah Christian Church, and, in the judgment of SonDance/Messiah Christian Church, the emergency requires medical care and treatment, I hereby authorize any SonDance/Messiah Christian Church employee or volunteer to procure medical care and any physician, hospital or other healthcare provider to give such care to my Dancer. I also hereby give permission for the transport to/from a doctor and/or hospital by a SonDance/Messiah Christian Church employee or volunteer or ambulance. I also give my permission to the physician or dentist selected by the SonDance/Messiah Christian Church supervisors to hospitalize, secure proper treatment, and/or order an injection, anesthesia, or surgery for my Dancer as deemed necessary.

Furthermore, I do hereby authorize a representative of the SonDance/Messiah Christian Church to act as agent(s) for my Dancer for the purpose of consenting to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special treatment and hospital care of any physician or surgeon on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I hereby give the representative(s) of SonDance/Messiah Christian Church permission to use their judgment in obtaining medical services. I hereby give permission to the SonDance/Messiah Christian Church staff to administer medications to my Dancer as directed above. I hereby waive, release, discharge and covenant not to sue, SonDance, Messiah Christian Church, and its employees, volunteers, officers, directors, representatives and agents from exercising their judgment to authorize emergency medical treatment and from any and all demands, causes of action, losses or damages, including without limitation, any injury, death, or damage to property that may be suffered by my Dancer whether caused or alleged to be caused in whole or in part by the actions or inactions of SonDance, Messiah Christian Church, and its employees, volunteers, officers, directors, representatives and agents. I understand that all billings for services rendered will be sent to me as the parent/legal guardian and that I am responsible for the complete payment. I agree that if my Dancer requires medical services, SonDance/Messiah Christian Church will not be responsible for any medical expenses.

**General Liability Release:**

I request that my minor child be permitted to participate in SonDance, and I authorize him/her to do so. I further authorize and give my permission for my Dancer to participate in any and all activities provided at SonDance. I hereby attest and verify that my Dancer is physically fit and capable of participation in SonDance. I further attest that my Dancer possesses sufficient maturity and self-control to behave properly during SonDance without continuous direct supervision.

While I understand that SonDance/Messiah Christian Church will endeavor to properly supervise SonDance, as a parent I understand and agree that there is inherent risk involved with such activities. I hereby acknowledge and agree that by consenting to permit my Dancer to attend SonDance and participate in all activities during the course of SonDance, I expressly assume the risk of any and all injuries, damages, liabilities, and other claims, including but not limited to claims of contribution and indemnification, that may arise as a result of my Dancer's attendance at, and participation in, SonDance. I hereby expressly agree to release and hold harmless SonDance, Messiah Christian Church, and its employees, volunteers, officers, directors, representatives and agents ("Releasees") from and against any liabilities, claims and damages associated with my Dancer's participation in and presence at the SonDance. I further agree to release and waive any and all claims for damages for death, personal injury, loss or property damage which I may have or which may hereafter accrue to me or my Dancer, against Releasees as a result of my Dancer's attendance and participation in SonDance and any of the activities or events at SonDance, and/or with respect to the conditions of the sites involved, and/or with respect to the supervision provided, and/or with respect to the activities performed, whether or not caused by the negligence (active or passive) of Releasees or any of them. I further agree not to sue or cause any other party to sue the Releasees for any claims, damages, or liabilities, known or unknown, released by this release. I further agree to hold harmless and indemnify Releasees from and against any and all claims, liability, damages, awards, legal expenses, including reasonable attorney's fees, incurred as a result of, or arising out of, my Dancer's attendance or participation in SonDance.

I acknowledge and agree that this release agreement releases and precludes any claims of which I am not now aware, including but not limited to future claims not within my contemplation and claims for contribution and indemnification, and of which I may only become aware at some later date. Nevertheless, I fully and freely intend to and do, by executing this release agreement, release any such claims. I acknowledge, represent, and agree that I am executing this form on behalf of myself, my Dancer, and my spouse or legal guardian or other parent of my Dancer if any, and I represent and agree that I have full and binding authority to do so. This release agreement is binding upon me, my Dancer, my spouse or legal guardian or other parent of my Dancer if any, and each and all of their her heirs, successors and assigns, the administrator/executor of their estate, and their agents and legal representatives. If any portion of this release agreement is deemed unenforceable, the remainder shall be given full force and effect.

**I have carefully read and fully understand and agree to the contents of this Release Form and agreement, and I acknowledge and agree that this release was entered into freely and voluntarily. I represent and agree that the information provided by me on this form is true and accurate to the best of my knowledge, and I understand and agree that my Dancer may be dismissed if I provide any inaccurate information.**

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Please Print Name)