

Full Name of Participant: \_\_\_\_\_

Workshop/Activity Registering For: \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Home #: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell #: (\_\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\*Please add abby@festivaldance.org to your safe email list to insure our emails are delivered to your inbox instead of your spam folder. Thank you!

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Alt. Phone #:(\_\_\_\_\_) \_\_\_\_\_

I am the parent/guardian of \_\_\_\_\_. Subject to the conditions set forth below, I consent for my child to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency and to assume liability to any medical expenses involved. This authorization extends to my child's participation in any activity sponsored by Festival Dance Academy. Should a medical emergency arise during my child's participation in a Festival Dance Academy sponsored activity, I understand that reasonable efforts will be made to contact me or my designated alternate at the phone numbers listed above. If it is believed my child's life or health may be adversely affected by delay that an attempt to contact me or my designated alternate would cause, I consent to:

- (i) The administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility identified below or chosen by Festival Dance Academy.
- (ii) The immediate administration of life-sustaining measures deemed necessary under the circumstances.

The application for these lessons being accepted, I hereby, for myself, my heirs, executors, and administrators waive and release any and all rights and claims for any damages that I may have against Festival Dance Academy, its board of directors, instructors and staff. I understand that photographs, recordings, taping, or filming of participants by any and all Festival Dance Academy employees, independent contractors, or members of the press become the property of Festival Dance Academy and may be used for future publicity. By signing, each of the undersigned participants and his or her Parent involved with Festival Dance Academy expressly adopts and agrees to be bound by the above waiver and release agreement.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Today's Date**

**MARKETING RELEASE**

I understand that my child's likeness may be used in Festival Dance ads, promotional videos, website material, or various other marketing. These images will be used for Festival Dance purposes only, and will not be given or sold to outside companies or individuals.

**Initials:** \_\_\_\_\_

**Festival Dance Academy**  
University of Idaho  
875 Perimeter Dr MS 2403  
Moscow, ID 83844-2403

Phone: (208) 883-3267  
Email: abby@festivaldance.org  
Web: festivaldance.org



<b>Payments (For Office Use Only)</b>	
Deposit (if applicable):	_____
Workshop/Activity Fee:	_____