

# Day of Dance Release/Emergency Contact Form

Due at Day of Dance – one for each Child/Participant

*Every child must have this form signed by parent or guardian or they may not participate.*

Child/Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Permission:** I have read the daCi Utah Day of Dance Program Information and agree to have my child/self participate in the activities outlined therein. I understand that participation in this program is at the discretion of the directors and can be terminated without completion. I hereby give permission for my child/self to participate in the daCi Utah Day of Dance program and hereby waive daCi USA, daCi Utah, Day of Dance Organizers, teachers and sponsors including University of Utah, Tanner Dance, BYU A.R.T.S Partnership, UDEO, Salt Lake Arts Council, or Utah Division of Arts and Museums, and anyone else associated with the University of Utah, Utah Division of Arts and Museums, Salt Lake Arts Council and Utah State Office of Education from Liability for injuries or damages incurred during , before, or after workshops or sharing performances. I have listed and health considerations on the below “Health Problems/Allergies” section. I hereby give permission for emergency medical treatment. I understand that daCi Utah does not hold insurance ad hereby certify that my child (ren)/self are covered by medical and accident insurance. I also hereby give my permission for my child’s/self’s photograph, audio sound or video image to be used for publicity and documentation purposes by daCi Utah and daCi USA and choreographer Heather Francis for her graduate coursework.

Parent/Participant Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Emergency Contacts

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_

## Health Problems/Allergies

Please consider the following medical conditions when listing health issues: **Heart Condition or Disease, Asthma, Diabetes, Seizure Disorder, Allergy to Medications, Allergy to insect stings, FOOD ALLERGIES.** If children have these or other serious health considerations, please just attach a note to this sheet, explaining the situation, listing any current medications, and detailing and special restrictions or limitations, or treatment that should be followed during the course of the day. We will only use this information in case of an emergency.