



Club Name
Emergency Medical Information and Waiver
 Club Address
 Phone # / Website:
 Miami Valley Dance Council Affiliated Club
 Website: **miamivalleydancecouncil.org**

Participant's Name: _____

Birth Date: _____ Male _____ Female

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ *Email: _____

Cell Phone #: _____

Parent's Name: _____ Relationship: _____

Phone (day): _____ (eve.) _____

2nd Emergency Contact: _____ Relationship: _____

Phone (day): _____ (eve.) _____

Primary Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Information (current conditions, medications, allergies, etc.): _____

I: Authorization for Emergency Medical Treatment

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signed: _____ Date: _____

II: Refusal of Emergency Medical Treatment (Do not complete if you completed part I.)

I DO NOT give my consent for emergency medical treatment in the event of illness or injury to my child while participating in programs sponsored and/or co-sponsored by the Miami Valley Dance Council and or MVDC affiliated clubs.

Signed: _____ Date: _____

Participation Waiver

I, _____, or the parent of _____, a voluntary participant in this program(s) sponsored by the Miami Valley Dance Council or MVDC affiliated clubs, am aware that there are certain risks of injury involved in any dance or recreational activity. Bearing this in mind, and with full knowledge of the physical capabilities or limitations of my child or participant, I hereby agree to assume for my child or participant such risk of injury. I further agree to indemnify and hold harmless the Miami Valley Dance Council or MVDC affiliated clubs, their administrators, employees or agents against any claim for injury to persons or property which may result from my child's or the participant's participation in this activity, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, death, illness, or any infectious disease, such as MRSA, influenza, or COVID-19. I am free of COVID19 symptoms such as fever or chills, cough, sore throat, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, or nausea or vomiting, diarrhea or sneezing. [I hereby grant full permission to any and all of the foregoing to use my name and likeness, or my child's name and likeness in any broadcast, telecast, video, print or social media report or advertising of the Miami Valley Dance Council or MVDC affiliated club event without compensation.](#) Finally, I agree that my child shall abide by the rules of the Miami Valley Dance Council and or MVDC affiliated clubs.

Signed: _____ Date: _____