

DATE: _____



MEDICAL RELEASE AND LIABILITY FORM

*A copy of this form must be completed by each and every passenger and turned with your deposit!
If you do not have this form on record prior to departure, you will **NOT** be allowed to participate!*

THIS FORM MUST BE NOTARIZED!!!!!!!!!!

I. I the undersigned as passenger or parent/guardian do hereby grant permission for myself or my child:

_____ *Please list your first, middle and last name or that of your child here!*

and hereinafter shall be referred to as "passenger," to participate with HTEDance *ON TOUR!* hereinafter referred to as "the company" event. In order that the passenger may receive the necessary medical treatment, in the event of an injury or illness, I hereby hold the company and its staff, instructors and/or representatives harmless in the exercise of this authority.

II. I further acknowledge, understand and agree that in taking part in this 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 event.

III. I further agree to hold harmless the company, including its principals, directors, officers, staff and employees which conduct the event, for and/or from any illness or injury incurred by participant during the course of said event.

IV. Finally, we agree not to pursue the company, its principals, instructors, associates or affiliates legally, in the event that these issues do come to pass. In the event of litigation, voluntary or otherwise, I agree to hold legal proceedings in Dallas County!

(Passenger's Signature)

(Parent/Guardian Signature) *If passenger is under 21*

(Passenger's School Name)

(Passenger or Parent/Guardian Address, City, State, Zip)

(Parent's Home Phone Number) *If passenger is under 21*

(Parent's Work Phone Number) *If passenger is under 21*

NOTE: *Please list on the reverse side, any medication to which the passenger is allergic or is currently taking. If passenger is under a doctor's care and has been prescribed a regimen of medication, please check to make sure he/she brings his/her medication and that he/she takes the prescribed dosage, independently. The company is unable to store, provide for or administer ANY narcotics or prescription drugs!*

This form will be rejected if not completed in full.

(Notary Signature)

(Notary Stamp)