

THE ANGELS DANCE ACADEMY

Liability / Medical and Publicity Release Form

I (parent or guardian if under 18 years) Name _____ hereby release and absolve Angels Dance Academy its subsidiary's, staff, employees, directors and presidents from all liability and responsibility for injuries, sickness, accidents, loss of money and property, that may be sustained whilst participating at a Angels Dance Academy event, workshop, camp or competition.

I also hereby acknowledge the risks involved when taking part in cheerleading and dance, and have the necessary insurance to cover such, in the unlikely event of an injury, accident, or loss when taking part.

If filling this form out for a person under the age of 18 years of age, please confirm their full name below.

(The person you are signing for if less than 18 years of age) **Name** _____

In consideration of me signing this release form, I am allowing myself / my child, to participate in a Angels Dance Academy event and intend to be legally bound and agree to waive and release all rights to claim for damages which I or my child may sustain or suffer whilst participating at the event, including travelling to and from the event.

I also confirm that I / my child, have not been advised by a doctor or paramedic to avoid physical exercise and do not know of any problems that my adversely effect my / their health when taking part at the event.

I also give permission for myself / my child to be photographed, video or audio-taped during any of the Angels Dance Academy events, and give permission for such photographs, video and audio tapes to be used in print or broadcast through any media which is deemed appropriate for the promotion of Angels Dance Academy activities, promotions and publicity.

Participants Details

Emergency contact Details

Name: _____

Name: _____

Team: _____

Relationship: _____

Address: _____

Phone No: _____

Mobile No: _____

Postcode _____

Work No: _____

Home Phone No: _____

Responsible party for the above named participant: _____

Consent

I hereby agree with the above, and have read and fully understand these conditions and by signing, agree to accept them.

Signature _____ **Date** _____

Printed Name _____