

Avant Dance
5017 Saratoga, Suite 149
Corpus Christi, TX 78413
(361) 653-3269

**RELEASE AND INDEMNITY/EMERGENCY MEDICAL RELEASE
AUTHORIZATION**

Required insurance information, medical authorization, and indemnity/emergency medical release form to be filled out by all participants.

COMPLETE & RETURN TO AVANT DANCE BY _____

Name of Dancer: _____

Insurance Company: _____

Policy #/Group #: _____

Name of policy holder/Insured: _____

I hereby give my permission for the director, teacher, or chaperone(s) of Avant Dance to authorize any emergency medical treatment that may be required by the above named participant during the _____ (competition) on _____ (dates). I understand I am responsible for any and all charges as a result of such care or medical treatment.

I release and hold harmless Avant Dance and any chaperones or drivers to, from, or during the competition for any and all liabilities while the above-named participant is traveling to or from, attending any and all events and activities, and performing at the _____ (competition). It is warranted and represented that the indemnities contained herein shall be continuing in nature, and shall cover any conditions which may arise in the future and which directly or indirectly arise from the matters specified herein.

Parent or Guardian Signature: _____

Parent or Guardian Name (Please Print) _____

Date _____ Social Security # _____

Home Ph # _____ Cell Ph # _____ Work Ph # _____

Insured's Signature _____

Insured's Name (Please Print) _____

Date _____ Social Security # _____

Home Ph # _____ Cell Ph # _____ Work Ph # _____