

**BRITE STARZ DANCE STUDIO**

**Medical Release & Permission to Treat Authorization  
FOR PARTICIPANTS OF MINORITY AGE  
(UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases', and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases' from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law.

The undersigned, parent/guardian \_\_\_\_\_ of \_\_\_\_\_, hereby grants a representative of Brite Starz Dance Studio or Performance Team authority to take temporary care of \_\_\_\_\_.

Child's Birth Date: \_\_\_\_\_

Child's Social Security Number: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

This grant of temporary authority shall be effective from Aug 27, 2012 through June 15, 2013.

The caretaker shall have the following powers:

- 1) The power to seek appropriate medical attention or treatment on behalf of the child as required by the circumstances, including but not limited to medical doctor and/or hospital visits.
- 2) The power to authorize and execute consent for any and all medical care and treatment, including major surgery, deemed necessary by a duly licensed physician selected by the aforementioned caretaker for the health and well being of the above listed child in an emergency situation.
- 3) **All students and the parents/legal guardian are aware of possible physical injury that may occur during dance classes, performances and/or rehearsals and are willing to assume those risks. It is agreed that Brite Starz Dance Studio, it's officers, directors and associates are NOT RESPONSIBLE FOR PERSONAL INJURY OR PROPERTY LOSS.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
Dated Insurance Carrier  
\_\_\_\_\_  
Signed: Parent or Guardian Signature Policy Number