

**School of Missouri Contemporary Ballet
Medical Release & Authorization Form**

Date: _____

Release/authorization by _____ (parent/guardian)

for _____ (student).

I am aware that dancing, and the exercises associated with it, place unusual stresses on the body, and carry with them the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and agree that the School of Missouri Contemporary Ballet shall not be liable in any way for injuries sustained during the attendance at the School of Missouri Contemporary Ballet or any of its related functions.

I grant, my child, or ward, the permission to participate in the School of Missouri Contemporary Ballet semester. I hereby release and discharge the Missouri Contemporary Ballet, the School of Missouri Contemporary Ballet, its agents, employees, and officers from all claims, demands, actions, judgments, and executions which the undersigned's heirs, executors, administrators or assigns may have, or claim to have against the Missouri Contemporary Ballet, the School of Missouri Contemporary Ballet, its successors, or assigns, for all personal injuries caused by, or arising from, the above described activities, or any activities related thereto.

Further, I grant Missouri Contemporary Ballet, the School of Missouri Contemporary Ballet, its agents and employees, permission to authorize any emergency medical treatment that may be required for my child, or ward, during the school semester.

My medical insurance is offered through:

Insurance Company	Policy Number	Coverage Dates
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