**DAVENPORT CENTRAL BLUE ILLUSION DANCE TEAM**

**Davenport Central High School**

**Dance Team Championships**

**Legacy Dance Competition – November 11, 2017**

Permission, Medical and Liability Release Form

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that by taking part in this event there is a possibility of injury or illness to my child or myself; therefore I give permission for my child or myself to participate in The Blue Illusion Dance Team, Quad City Legacy Dance Competition, November 11, 2017. I understand that there are risks involved in participating in dance, that may include minor injury, major injury, paralysis or even death. I do hereby grant permission to hospital staff members to administer treatment to my child or myself in the event of injury or illness.

I also agree to hold harmless the State of Iowa, The Davenport Community School District, Davenport Central High School, The Blue Illusion Dance Team and it’s officers, for any and all liability for negligence or any other claim against the above parties, for any injury or illness incurred as a result of my child’s or my participation in this championship. Any court or attorney’s fees will be taken care of by the injured or ill party.

I also understand that The Blue Illusion Dance Team may use my child’s or my likeness, face, name or appearance in any video or photographs taken at the event. These video clips or photographs may be used in promotions, presentations or for broadcast, as needed, by The Blue Illusion Dance Team, Davenport Schools, or any third party organization involved with the event.

Parent’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Emergency phone for November 11, 2017: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* ALL PARTICIPANTS MUST BRING SIGNED COPY TO THE EVENT \*\***

COPY THIS FORM AS NEEDED