



**PERMISSION TO PARTICIPATE AND PARENTAL CONSENT FORM**

**Participant Information:**

Full Name of Participant (First, Middle, Last): \_\_\_\_\_

Date of Birth: (mm/dd/yyyy): \_\_\_\_/ \_\_\_\_/ \_\_\_\_ Gender:  male  female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Participant's Email Address: \_\_\_\_\_

Allergies/Health Issues/Activity Restrictions/Medications: \_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Information (if Participant is a minor):**

Name of Parent(s)/Legal Guardian: \_\_\_\_\_

Address (if different than Participant): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian's Email Address: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

In the event reasonable attempts to contact the designated emergency contact person or parent/guardian have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the participant to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. I agree to assume all financial responsibility for all expenses from any and all medical care. It is understood that this authorization shall remain effective until I complete my activities in this program unless sooner revoked in writing.

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**RELEASE OF LIABILITY**

For and in consideration of being allowed to participate in any way in Prisma Dance LLC activities and events, the undersigned/participant:

1. Agrees that prior to participating, the undersigned/participant will inspect the facilities and equipment to be used, and if the undersigned/participant believes anything is unsafe, the undersigned/participant will immediately advise the instructor or supervisor of such condition(s) and may refuse to participate.
2. Acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own action, inaction or negligence, but the action of, inaction, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not necessarily foreseeable at this time.
3. Understands this is a physical activity and assumes all the foregoing risks of participation and accepts personal and financial responsibility for any damages following such injury, permanent disability, or death.
4. Releases, waives, discharges, absolves and covenants not to sue Prisma Dance LLC, its respective administrator, instructors, staff and other volunteers of the organization, other participants, sponsoring agencies, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees" from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise

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**PHOTO/VIDEO/MEDIA RELEASE AGREEMENT**

1. I grant to Prisma Dance LLC, its instructors, staff or volunteers, all rights and permission to make, reuse, and/or publish photographic pictures and videos of myself and/or the participant(s), which may be used in connection with his or her own name or a fictitious name, for teaching and promotion purposes including the use of any printed matter and digital media. I waive any right to inspect or approve either the finished photograph or video, or the printed matter with which it may be used in conjunction. I certify that any photographs and/or videos that have been or will be taken by Prisma Dance, its instructors, staff or volunteers may be used for the purposes stated above.
2. The undersigned/participant hereby releases and forever discharges and holds harmless Prisma Dance LLC from any liability, loss, cost, and expense (including, without limitation, attorneys' fees and costs) arising from or connected with the use of visual security cameras.
3. Upon registering for a trial lesson and/or continuing your participation in Prisma Dance, you are confirming your acknowledgement of the presence of the visual security cameras on site, which will be used as a tool for the purposes of safety, supervision, and documentation.
4. Upon signing this form, you acknowledge that you will also inform other family members, or authorized person(s) who pick up your child, about the visual security cameras at Prisma Dance.
5. The undersigned/participant understands that visual security footage is stored for a limited period of time. The undersigned/participant agrees to notify Prisma Dance office via email or phone call (prismadance@gmail.com or 808-224-9462) within 48 hours of any incidents of concern that may have occurred on Prisma Dance property.

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**PLEASE SIGN AND RETURN THIS PAGE TO THE PRISMA DANCE OFFICE**

I (the participant and/or parent/guardian) have read, understand and agree to the terms contained herein.

\_\_\_\_\_ Date: \_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_ Date: \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE (if Participant is a minor)

For any questions or concern regarding this form, please contact Prisma Dance at (808) 224-9462 or email us at prismadance@gmail.com