

## **i-MOVE U-MOVE**

### **Workshop Series**

**2013-2014**

Name \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Facebook \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

### **Liability Waiver & Medical Attention Authorization**

I understand that due to the nature of dance classes, I-MOVE U-MOVE, its officers, students, faculty, staff, independent contractors, or volunteers will not be held accountable for any injury that might occur while at any facility used for workshops, rehearsals, performances, or related activities, whether it be caused by accident, or negligence, by any party aforementioned. Dance and participate in activities at your own risk.

I also hereby authorize, in the event of illness or accident, medical care without delay, which in the judgment of I-MOVE U-MOVE, its officers, faculty, staff, independent contractors, or volunteers is dictated by circumstances and/or recommended by medical personnel. I also grant authorization to any emergency room facility to administer necessary medical care in the event of an accident or illness requiring such care while my child is engaged in I-MOVE U-MOVE activities. I understand that, should this be necessary, I will be informed of my child's condition and care at the earliest possible time by IMUM, staff, independent contractors, or volunteers. I further understand that I am responsible for any and all expenses resulting from the foregoing emergency treatment and/or doctor's care and that IMUM, its faculty, staff, independent contractors, and volunteers will be indemnified and held harmless by the undersigned for such expenses.

Student's Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

### **IMUM Media Release**

In consideration of my/my child's participation at IMUM, I hereby authorize the videotaping, photography, and recording of me/my child, \_\_\_\_\_, and/or release of my/his/her name and achievements for educational, promotional, and/or other purposes deemed appropriate by IMUM and/or its independent contractors. I also authorize the use of the videotape/photography/digital media and other information regarding me/my child in printed matter or other media, including the Internet, by IMUM and/or its independent contractor without my further consent. I hereby agree that such media information shall be the sole property of IMUM.

\_\_\_\_\_  
Student Signature (or Parent if Minor)

\_\_\_\_\_  
Date