

Waiver of Liability/Medical/Publicity Release Form

I hereby waive and absolve Idaho Dance and Drill Team (to be known as IMDDT) and all divisions thereof of any and all liability and responsibility for injuries, sickness, accidents, and/or acts of God incurred during participation in competitions and related activity by myself/my child, whose name is

(Please print participant's name legibly)

(Please print Parent or guardian's name legibly)

In consideration of my signed release allowing my child/myself to participate in a IMDDT activity, I, intending to be legally bound, do hereby, my heirs, executor and administration, waive, release, and forever discharge any and all rights and claims for damage which I may have or which may hereafter accrue to me against IMDDT, the camp/clinic/competition directors or their respective employees, office agents, representative, successors, and/or assignee, for any and all damages which may be sustained or suffered by me or my child in connection with my association with or participation in, or riding out of, travel to and/or return from the respective IMDDT site. In the event of injury/accident/sickness, IMDDT officials and/or instructors are to contact the designated adult listed below. In addition, I hereby give my permission for myself/my child to be photographed, videotaped, and/or audio---taped during any IMDDT activity. I further give permission for such photographs, videotapes, and audiotapes to be used in print or broadcast media as deemed appropriate for promotion of IMDDT activities, and for publicity surrounding participation in IMDDT events.

Signature of Parent/Guardian

Parent/Guardian Phone Number (cell)

Home Address

City, State, Zip

Home Phone

Name or Organization/School/Studio/Team

Date

Doctor's Name: _____

Phone: _____

Insurance Company: _____

Policy Number REQUIRED: _____

Allergies to Medications (please list): _____

Medical problems (please list): _____

In the event of injury, accident, or sickness requiring immediate treatment, every effort will be made to contact the person listed above. If this person cannot be reached, then the consent signature above authorizes UDDSC Personnel to make appropriate arrangements for treatment.

Mail liability form for each participant with registration form and payment to complete your application.