

Medical Release

In the event that I am unable to be contacted to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize Lonestar Dance staff to take my child/children to:

Dr. _____

Address: _____

Phone: _____

or to: _____ Hospital.

Safety measures will be used to prevent accidents. Uncomplicated first aid will be administered to all minor injuries and parents or doctors will be called when necessary. However, Lonestar and its staff cannot be held liable for harm to children while on studio property or otherwise in the care of the studio staff members. Knowing all teachers will do their best to ensure the safety of the children in their care and will not be negligent (I) or (We)

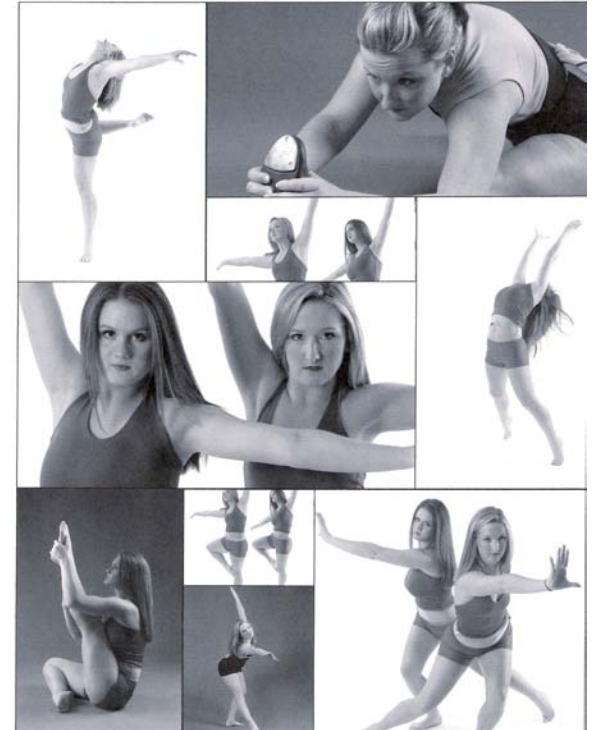
_____ assume all responsibility and waive any claim for compensation for accidental injury incurred by my child/children while at the studio or otherwise in the care of the staff and hereby agree to indemnify and hold harmless the school, its agents, employees or servants, whether paid or volunteer, against any and all claims which may arise from an injury to said child/children while participating in this program.

Parent/Guardian(s) Signature

Parent/Guardian(s) Printed Name(s)

Parent/Guardian(s) Contact Number(s)

Lonestar Dance 2006 Summer Camps



For more information call: 512 670-0301
www.dancetexas.com
15803 Windermere Drive Suite 302
Pflugerville, TX 78660