



## 2012 West Coast Elite Dance Inc. Competition Release and Waiver

Every Participant must complete and sign a release form in order to compete. **All release forms are due the day of each competition and must be turned in at registration. Please to do not mail or fax medical forms.**

\_\_\_\_\_  
Minor's Name

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Minor's DOB

\_\_\_\_\_  
School Address

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
School City, State, Zip

\_\_\_\_\_  
Address

\_\_\_\_\_  
Location of Competition

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Competition Dates

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Cell Phone Number

**Liability Release.** I \_\_\_\_\_, as parent or legal guardian of \_\_\_\_\_, a minor(hereinafter "Minor"), give my consent for Minor to participate in the above competition held by West Coast Elite Dance Inc. On behalf of myself and of Minor, I do not hold West Coast Elite Dance Inc., the Hosting Competition Site (the hosting high school and administration), the hosting district, and any directors, employees, and volunteers of West Coast Elite Dance Inc., responsible or liable for any illness or injury (minimal, serious, catastrophic and/ or death) that Minor may acquire, encounter, or suffer from during the competition, on the competition site, or traveling to and from the competition. I agree that I will take full responsibility for any illnesses and injuries(minimal, serious, or catastrophic) Minor encounters and the loss from any further claims, demands, or actions that may be brought by Minor or by any other persons associated with Minor's accident , injury, or illness.

I, in my own behalf and on behalf of Minor, have read, acknowledge, understand, and will abide by this Liability Release and its entirety. I understand that this Liability Release releases West Coast Elite Dance Inc., their employees, directors, volunteers, the hosting site, and the hosting district from liability and gives my acknowledgement of my responsibility and knowing supposition of the risk of injury or illness.

Signature of Parent or Legal Guardian: X \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Release.** I, in my own behalf and on the behalf of Minor, understand and concur that participation in the above activity/competition subjects Minor to the possibility and risk of illness or injuries. I understand that I must provide my own insurance for the treatment of Minor. West Coast Elite Dance Inc., the hosting site, or the hosting district, will NOT provide insurance for Minor. I authorize West Coast Elite to obtain necessary medical treatment of Minor in the event of such injury or illness and I release and hold harmless West Coast Elite Dance Inc., their employees, directors, volunteers, and the hosting site in the treatment of Minor. I further agree to hold complete responsibility for any and all necessary medical treatment and bills in the event of any illness or injury of Minor during the competition on the above dates, on the competition site, or traveling to and from the competition site.

Insurance Company: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

Medical Insurance Policy Number: \_\_\_\_\_

Medications (if any): \_\_\_\_\_

Allergic to (if any): \_\_\_\_\_

I acknowledge that Minor suffers from the following conditions: \_\_\_\_\_

I have provided information regarding any medications Minor is currently taking and any allergies Minor has. I acknowledge that West Coast Elite Dance Inc. will not administer or supply any type of medication at the competition. Minor is responsible for their own medication and for taking the prescribed dosage if necessary.

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

In the event of an emergency, please contact:

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

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

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

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

I, in my own behalf, and on behalf of Minor have read and understand the entire Release and Waiver form. I have provided correct medical insurance information for Minor and acknowledge that I, parent or legal guardian of Minor take full responsibility for any injuries or illnesses Minor acquires during this event and any bills associated with the treatment of any illnesses or injuries. I have voluntarily signed this document and I agree to follow its content.

Signature of Parent/Legal Guardian: X \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Signature of Minor: X \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

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