

Craft of Choreography Conference Medical Release Form

Name of Participant: _____ Date of Birth _____

Address: _____

Phone: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

Insurance Information

Name of Medical Insurance Company: _____

Name of Policy Holder: _____

Policy Number: _____

In case of emergency please call: _____

Phone Number: _____

Mother's Name: _____

Social Security # _____ Birth date: _____

Home Phone: _____ Cell or other Phone: _____

Employer Name: _____

Employer Address: _____

Father's Name: _____

Social Security # _____ Birth date: _____

Home Phone: _____ Cell or other Phone: _____

Employer Name: _____

Employer Address: _____

Please include information helpful in the case of an emergency:

Drug allergies, diabetes etc: _____

Date of last tetanus shot: _____

Permission

I hereby give permission for Debra Rogo (Executive Director of RDA Craft of Choreography), to seek treatment at a local major medical facility for _____ who will be attending the Regional Dance America Craft of Choreography Conference in Washington.

Date: _____

Signature of Parent or Guardian if participant is under the age of 18

Date: _____

Signature of Participant if participant is 18 or over

Please include a Xerox copy of both sides of your medical insurance card!

Indemnity/Hold Harmless Agreement (Must be signed)

I agree to indemnify and hold harmless and defend Regional Dance America, Inc., their sponsor organizations, agents, officers, and employees from and against any and all suits, actions, claims and expenses including attorney fees by reason of the liability imposed by law upon Regional Dance America, Inc., except in cases of its sole negligence, for damage because of bodily injury, including death resulting there from, sustained by any person or persons, or a on account of damage to property arising out of this agreement.

Signature of participant over 18:

Signature of Parent or Guardian if participant is under 18:
