

Permission Slip: Walking from Carnation Elementary to IGNITE Dance Carnation

Assumption of Risk/Permission to Participate

Dancer Name: _____

Parent/Guardian Name: _____

Dancer's Physician Name/Phone: _____

Medical conditions/medication info: _____

In the event of an emergency, I wish the following people to be contacted if I'm unreachable:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

As a parent or guardian of the dancer requesting to voluntarily participate in walking from Carnation Elementary to IGNITE Dance Carnation, I hereby acknowledge that I have read, understood, and agreed to the following:

- Initial: _____ I certify that my dancer has no medical or physical condition which could interfere with their ability to safely participate in this activity.

- Initial: _____ I acknowledge that this activity entails known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the event.

- Initial: _____ I agree to hold and save harmless IGNITE Dance Carnation and its employees and volunteers, and assigns for any claims, suits, or damages (including but not limited to defense and indemnification) which might result from my dancer participating in the activity.

- Initial: _____ I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness administer emergency care to the above-listed dancer. I understand every effort will be made to contact me to explain the nature of the problem prior to treatment.

- Initial: _____ In the event it becomes necessary for Ignite staff-in-charge to obtain emergency care for my dancer, the staff nor IGNITE Dance Carnation will assume financial responsibility for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. I understand I am responsible for any costs associated with an accident or injury.

Being fully informed as to these risks, I hereby consent to my child participating in walking from Carnation Elementary to IGNITE Dance Carnation for the 2024-2025 season:

Signature: _____

Date: _____