

Permission Slip: Walking from North Bend Elementary to IGNITE Dance & Yoga

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:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

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

___ initial I certify that my dancer has no medical or physical conditions 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 & Yoga and its employees and volunteers, and assigns for any claims, suits, or damages (including but not limited to defense and i 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 & Yoga 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 North Bend Elementary to IGNITE Dance & Yoga for the 2024-25 season:

_____ Signature

_____ Date