

Plant Dancers

Middle School Performance Night

WAIVER/PERMISSION FORM

Camper/Participant

Birthdate

Parent/Guardian Name/s

Street Address and Zip Code

Home Phone Number

Parent Work Phone Number

Parent Cell Phone Number

In Case of Emergency, if you can't be reached, name and phone number of person(s) to contact

Additional persons authorized to pick up my dancer from camp. Include name and cell phone number

Please list any allergies or medical conditions that we should be made aware of

PARENT/GUARDIAN SIGNATURE: _____

I give my permission for the above-named child to participate in the Plant Dancers Middle School Performance Night. I understand practice is October 4, 2023 from 5-6p.m. and the performance is on October 6, 2023 from 4:30 PM to 9:30 PM (or end of halftime show).

I understand I will be notified as soon as possible in case of any emergency. I authorize Dancers and their representatives to authorize any medical attention, administered by qualified licensed medical personnel, for my child should it become necessary. I waive and release the Dancers organization, Plant High School and Band, the Hillsborough County School Board, and all sponsors and volunteers associated with the Dancers Middle School Performance Night from any and all claims and causes of action arising from or concerning any and all injuries, illnesses (including COVID-19), losses, or damages of any kind which may result from or be in connections with participation in this event.

I agree that my signature covers permission for participation, transportation, medical authorization, and release of liability, all as specifically described above, for my child's participation in Dancers practice on October 4, 2023 and Dancers Middle School Performance Night on October 6, 2023.

Parent/Guardian

Signature: _____ Date: _____

Camper/Participant: _____

MEDIA RELEASE FOR A MINOR (please check your choice)

_____, I, the undersigned, being legal parent/guardian of the child listed above, grant to Plant High School and the Dancers the right to use his/her photograph, likeness, video, or voice recording with or without his/her name, for broadcast or publication in any and all media. I hereby release any claims of copyright, libel, slander, violation of privacy or similar rights that I may have. There is no expiration date on this release; I will not seek compensation for usage.

_____, OPT OUT: I do not grant permission to use my child's photograph, likeness, video, or voice recording with or without his/her name, for broadcast or publication in any and all media.

Parent/Guardian

Signature: _____ Date: _____

***Please email signed waiver to dancersperformancecamp@gmail.com or bring the day of performance camp.
Must have to participate.**

How did you hear about this event? _____

**Any questions please email: dancersperformancecamp@gmail.com Or contact: Emily Hinsdale
813-849-3226**