

Thunderbird Dance Camp Medical Release Form

Office Use Only:
Room # _____
Key Deposit _____

Name:	
Address:	
City, State, Zip	
Phone:	
School/Coach	
Emergency Contact #1	
Emergency Contact #2	
Insurance Co.	
Dr. name and phone #	
Medical Problems/Allergies	

RELEASE OF ALL CLAIMS:

In consideration of the permission granted to our child to participate in the activities of the Thunderbird Dance Camp, we release and discharge Peggy Schlegel and Betsy Schott DBA Thunderbird Camp, and it's employees and officers, from all claims which the undersigned and our child have or may have for claims of any nature including, but not limited to , personal injuries or property damage caused by or arising out of any activity or involvement that my child may have with Thunderbird Camp, Peggy Schlegel, Betsy Schott, it's employees or officers. We give our permission for any health care provider to administer the necessary aid immediately to our child (name)

_____ Should he/she become injured or sick in any way during the dates of (date of camp) _____ and do so without having to wait until we are contacted. I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Parents/Guardians Signature _____

Student Signature _____

By signing below I give Thunderbird Dance Camp permission to post my child's photo on the website www.thunderbirddancecamp.com

Student name _____

Parent Signature _____