



Workshop/Intensive Location: City \_\_\_\_\_ State \_\_\_\_\_  
 Date \_\_\_\_\_ Years of Dance Taken \_\_\_\_\_  
 Current Dance Studio \_\_\_\_\_  
 Scholarship Recipient – please circle ¼ ½ ¾ Full

Participant's Name	Date of Birth	Age	Email	Cell
1				
2				
3				
4				

Participant's Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's/Guardian's Name	Email	Cell	Work Number
Mother			
Father			

**Waiver of Liability**

Safety is the main objective, but any activity involving motion has a chance of accidental injury. I, the undersigned parent or legal guardian of the participant(s) listed above, do hereby give permission for the aforementioned persons to participate in any and all classes, programs, shows and events offered by or attended by The Energy Source Dance Experience( ESDE). I accept all risks associated with that participation and understand that there is a full possibility of serious physical illness or injury. I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against ESDE and its officers, owners, directors, employees, the owner of the facility in which ESDE exists and/or other assigned representatives or volunteers from any and all liability and for any and all damages and/or injuries which may be sustained or suffered by the participants listed above while participating at or for ESDE.

Furthermore, I acknowledge that ESDE, the faculty and the staff reserves the right to capture an image, video audio live or still of the participants listed above during the course of the event(s) as deemed appropriate for the promotion and advertising of ESDE and any affiliated companies.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Insurance and Permission for Treatment**

ESDE does not carry medical insurance for its students. It is required that all students be covered by their own family insurance policy and it is understood that if injury does occur, the student's own policy is your only source of reimbursement. My signature below indicates my certification that I have medical insurance on the participant(s) listed above and will maintain continuous medical coverage while he/she dances with ESDE. I also authorize ESDE and its owners, employees, director, etc. to us standard first aid procedures on the participant(s) listed above and to consent any other medical procedure that is deemed necessary in the case of an emergency. Furthermore, I certify that I personally and/or my medical insurance carrier will be responsible for all expenses which are incurred in relation to any injury sustained during any ESDE related activity including but not to class, competition, show, etc. (Please list your medical coverage info below)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy#: \_\_\_\_\_

Carrier's Name: \_\_\_\_\_ Carrier's Employer/Company: \_\_\_\_\_

**Participation At Own Risk**

My signature below acknowledges the participant(s) participation with ESDE is assumed at my own risk. I will not hold ESDE, the facility in which the event is held, nor the faculty or staff responsible for any injuries sustained in participation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Participant(s) Conditions:**

Please list any condition(s) which may require special attention with any directions below. (The use of an inhaler/insulin/allergies/learning disorders, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Energy Source Dance Experience  
 7959 Howell Drive  
 Westerville, OH 43081  
 740-391-2549

Workshop/Intensive	
Registration Paid:	Payment Type: __Check #____ __Credit Card __Cash
Registered By:	