



America Dance Troupe  
801 Charter Commons  
Chesterfield, MO 63017

**Authorization and Release**  
**2019-2020 Season**

THE UNDERSIGNED, being the parent or legal guardian of the individual minor child identified below, does hereby acknowledge and consent to participate by my child in all practices and performances by American Dance Troupe, a not for profit corporation. I understand that participation by my child is purely voluntary and I acknowledge the athletic nature of dance which can result, on occasion, in injury to a participant just as practice or performance can result in injury to any athlete. In consideration of my child's participation with American Dance Troupe, and for other good and valuable consideration, the receipt of \_\_\_\_\_ which is hereby acknowledged, the undersigned hereby agrees:

1. MEDICAL AUTHORIZATION AND FINANCIAL RESPONSIBILITY. The undersigned hereby appoints American Dance Troupe, or its representative, as my representative to act in my place or stead to obtain any medical treatment required by my child as deemed necessary by any hospital, doctor, or healthcare professional for any injury to my child in the course of any practice or performance by American Dance Troupe, or while traveling with American Dance Troupe for such purpose. I hereby acknowledge my full financial responsibility for such medical treatment, or charges related thereto, subject only to such medical and health insurance which I maintain on my child as indicated below.
2. HOLD HARMLESS. The undersigned hereby releases American Dance Troupe, its agents and representatives, from any claim for injuries to my child resulting from my child's participation with American Dance Troupe as contemplated herein and I further agree to indemnify and hold American Dance Troupe harmless from any claims, actions or suits brought against American Dance Troupe, its agents or representatives, by reason of any injury sustained by my child or to collect for medical services provided to my child by any hospital, doctor or healthcare professional whose service and treatment of my child is authorized above.
3. DURATION. This Authorization and Release shall be binding upon the Undersigned and anyone claiming by or through the Undersigned unless or until revoked in writing by me or the earlier withdrawal and discontinuance of participation with American Dance Troupe by my child.

The Undersigned has executed this Authorization and Release intending to be legally bound hereby.

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

Printed Name \_\_\_\_\_

Dancer's Name \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_