



# Summer Dance Intensive

## Emergency Medical Authorization

Please complete and sign in order to authorize the provision of emergency treatment for students become ill, or injured, while attending Connally's Dance Workshop, Inc., Summer Dance Intensive 2008.

### Part 1 - TO GRANT CONSENT

In the event that reasonable attempts to contact me at \_\_\_\_\_ (Phone #) , or \_\_\_\_\_ (Alt. Phone #) , have been unsuccessful, I hereby give my consent for the Directors to secure medical help for my child. This authorization does not cover major surgery unless the medical opinions of two licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent's/Guardian's Signature                      Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

### Part 2 - TO REFUSE CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness, or injury, requiring emergency treatment, I require the Directors to take no action until I am contacted.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent's/Guardian's Signature                      Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

I waive all claims I may have against Summer Dance Intensive 2008 and Connally's Dance Workshop, Inc., or any other individual, or organization, resulting in whole, or part, from my participation in the Summer Dance Intensive 2008 classes, or act, or omission by any organization, firm individual that take place in connection with Summer Dance Intensive 2008. This waiver shall be binding on my heirs, legators, administrators, and assigns.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Student                      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent                      Date

# Summer Dance Intensive

## A Workshop For Intermediate - Advanced - Professional Dancers



Robert Mills



Paula Present



Diana Law

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