

ConfidANCE at Vibe Dance Madison, LLC.
Participant info

Name: _____

Name of Parent/Guardian/Caregiver (if under 18): _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact/Phone: _____

Authorization of Medical Care

Physician Name: _____ Phone: _____

Preferred Medical Facility: _____ Phone: _____

Health Insurance Company: _____ Phone: _____

List of all pertinent medical information (allergies to food or drugs, special medical condition): _____

In the case of illness or injury (if a parent or emergency contact cannot be reached), the Vibe Dance Madison, LLC. staff may authorize medical care and treatment for the above named participant.

Parent/Guardian Consent:

Signature: _____ **Date:** _____

ConfidANCE at Vibe Dance Madison, LLC.

Health Questionnaire for Programming Purposes

While it is not mandatory that you disclose your child's medical health history and/or diagnosis, it is extremely helpful for your instructors to know certain information. Not only will this information give us a better understanding of your child and therefore help your child have a more positive experience in class, but some conditions are extremely important for us to know, for the safety of both your child and the other participants in the class.

Diagnosis: _____

Major Surgeries: _____

(Circle one)

Standing/Walking POOR FAIR NO IMPAIRMENT

Balance POOR FAIR NO IMPAIRMENT

Coordination POOR FAIR GOOD

Vision NO ABILITY SOME IMPAIRMENT NO IMPAIRMENT

Hearing NO ABILITY SOME IMPAIRMENT HEARING AIDE NO IMPAIRMENT

Speech NO ABILITY USES SIGN SOME SPEECH NO IMPAIRMENT

Sensitivity to: SOUND TOUCH SMELLS LIGHT

OTHER: _____

Seizures? N Y **Paralysis?** N Y

(please describe): _____

Any other information about your child you would like to share or feel is relevant? This could include behaviors/likes/dislikes. Does your child have a lack of spatial awareness, do they seek sensory input or avoid it?

What are your anticipated goals for the program?

Child's name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

ConfIDANCE Participant at Vibe Dance Madison, LLC.

MUST BE COMPLETED BY A LEGAL GUARDIAN

Release and Waiver of Liability (Minor)

I understand that taking part in a dance program can come with some risk of physical injury or illness. These risks include the potential for slips and falls, sprains, strains, soft tissue injuries, musculoskeletal injuries, fainting, dizziness, and other risks not specified here.

In spite of these risks, I have understood the aforementioned risks and choose to allow my child to participate in dance classes, camps and performances under the instruction and guidance of teachers of ConfIDANCE at Vibe Dance Madison, LLC. I certify that my child has no known medical conditions that would prevent him/her from participating in the dance program. If I have questions about whether an activity is suitable for my child, I will consult with their healthcare provider in making that decision. If my child has any known vulnerabilities, conditions or injuries that may put their health at risk while participating in the dance program, I will notify the instructor before allowing my child to take part.

By signing this document, I voluntarily release and hold harmless Vibe Dance Madison, LLC., including its staff and volunteers from any and all claims or demands for damages, injuries, illness, cost and expenses, arising in any way from my child's participation in dance classes, performances and camps associated with ConfIDANCE and Vibe Dance Madison, LLC.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Photo Release: (check one)

YES, I hereby allow Vibe Dance Madison, LLC. to take photographs/video footage of my child, during class, for archival purposes and promotional use.

NO, I do not allow Vibe Dance Madison, LLC. to take photographs/video footage of my child, during class, for archival purposes and promotional use.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Additional Comments:

**ConfIDANCE participant at Vibe Dance Madison, LLC.
Release and Waiver of Liability (Adult, Parent, Caregiver, Volunteer)**

I understand that taking part in a dance program can come with some risk of physical injury or illness. These risks include the potential for slips and falls, sprains, strains, soft tissue injuries, musculoskeletal injuries, fainting, dizziness and other risks not specified here.

In spite of these risks, I have understood the aforementioned risks and choose to participate in dance classes, camps and performances under the instruction and guidance of ConfIDANCE and VIBE Dance Madison, LLC. I certify that I have no known medical conditions that would prevent me from participating in the dance program. If I have questions about whether an activity is suitable for me, I will consult with my healthcare provider in making that decision. If I have any known vulnerabilities, conditions or injuries that may put my health at risk while participating in the dance program, I will notify the instructor before taking part.

By signing this document, I voluntarily release and hold harmless Vibe Dance Madison, LLC., including its staff and volunteers, from any and all claims or demands for damages, injuries, illness, cost and expenses, arising in any way from my participation in dance classes, performances and camps associated with ConfIDANCE and Vibe Dance Madison, LLC.

Name: _____

Signature: _____

Date: _____

Photo Release: (check one)

YES, I hereby allow Vibe Dance Madison, LLC. to take photographs/video footage of me during class, for archival purposes and promotional use.

NO, I do not allow Vibe Dance Madison, LLC. to take photographs/video footage of me, during class, for archival purposes and promotional use.

Participants Name: _____

Signature: _____

Date: _____

Additional Comments:

Vibe Dance Madison, LLC. Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19 (MUST BE COMPLETED BY A LEGAL GUARDIAN)

The novel Coronavirus/COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mostly from person-to-person contact although there is some belief that it can also be spread from surface contact. As a result, the Center for Disease Control, along with federal, state and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending dance classes at Vibe Dance Madison, LLC. and that such exposure or infection may result in personal injury, illness, temporary or permanent disability and even death. I understand that the risk of becoming exposed to or infected by COVID-19 while attending dance classes at Vibe Dance Madison, LLC. may result from actions, omissions and negligence of myself and others, including, but not limited to Vibe Dance Madison, LLC. and its staff members and their families as well as other class participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren), myself or my family (including, but not limited to, personal injury, disability and death) illness, damage, loss, claim, liability, or expense of any kind that my child(ren), myself, or family may experience or incur in connection with my child(ren)'s attendance at Vibe Dance Madison, LLC.

I hereby release Vibe Dance Madison, LLC., its staff, members and families from liability for harm, injury, illness or death pertaining to COVID-19 and other contagious diseases and viruses.

I agree that my child(ren) does/do not currently, nor has/have had in the last two weeks a fever, cold, vomiting, diarrhea, sore throat, chills, unusual muscle pain, fatigue, shortness of breath and/or loss of taste or smell. To the best of my knowledge, I affirm that I, as well as those living in my household, have not been diagnosed with COVID-19. I will only return to Vibe Dance Madison, LLC. after 14 days without symptoms, a negative test result, and/or being cleared of COVID-19 by a doctor. Doctor's note must be provided. I understand that, ultimately, the staff at Vibe Dance Madison, LLC. will use their own discretion to decide when they feel comfortable allowing a family whose members have tested positive to COVID-19 to return to the studio.

Participant's Name: _____

Parent/Guardian Name: _____

Participant's Signature: _____ **Date:** _____

Parent/Guardian Signature (under 18): _____ **Date:** _____

