

Down Syndrome Association of Jacksonville 2019 Starz Dance Team Waiver Form

Medical Release

The undersigned acknowledges that the Down Syndrome Association of Jacksonville and L'Engle Hall (to include their representatives) are not liable for any injury sustained while participating in activities associated with this program.

In consideration of my privilege to participate in the Down Syndrome Association of Jacksonville Starz Dance program, I voluntarily release and discharge the Down Syndrome Association of Jacksonville and its agents and or volunteers from any and all claims for the injury, illness, death or damage my child may suffer as a result of participation in the Dance program. I expressly acknowledge that I assume the risk of any injury or illness that may result from my participation in this program's activities.

I understand that there is no accident or medical insurance provided with this activity.

Although no medical consent is required with this registration, it is the full responsibility of the parent to obtain such medical consent/approval from participant's doctor. For children with Down syndrome, I acknowledge by signing below that an x-ray has been taken of the neck and that my child is at no unnecessary risk.

At all times, a parent or guardian must be present during the cheerleading practices and events.

(Print Full Name of Child)

Signature (Parent or Guardian)

Photo Release

I, _____, agree that the Down Syndrome Association of Jacksonville may display, publish and share in any way, photos of my child/family.
(Print full Name of Parent/Guardian)

(Print Full Name of Child)

Signature (Parent or Guardian)

Date