

**Inspire Dance Santa Barbara  
School of Technique and Performing Arts  
Emergency Contact/Release of Liability**

Performer's Name: \_\_\_\_\_ Gender \_\_\_\_ Date of Birth \_\_\_\_\_  
Address: \_\_\_\_\_

**Parent/Guardian Contact Information (if under 18)**

Parent/Guardian's Name(s) \_\_\_\_\_  
Mother/Guardian's Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_  
Father/Guardian's Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

**Person(s) to contact in case of emergency (other than parent/guardian noted above):**

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Medical Information** : Please list any allergies/medical conditions so that we may inform a doctor in case of emergency.

\_\_\_\_\_

List all medications (if any): \_\_\_\_\_

**Personal Physician and Medical Insurance Information**

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Insurance Co: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Release of Liability**

In the event that I the people listed above or the physician cannot be reached in an emergency, I hereby give permission to the physician selected by Inspire Dance SB School to give medical treatment for the Participant named above. I understand that first aid may be given to the Participant by affiliated staff, volunteers or other personnel if deemed necessary. Furthermore, I agree to assume full financial responsibility for treatment of any kind. I allow the Participant to participate at HIS/HER OWN RISK and agree to RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE and agree to HOLD HARMLESS Inspire Dance Arts, its faculty, staff, independent contractors or volunteers from and against any and all liabilities, demands and claims for injuries, illness, death or property damage which may occur in connection with participation hereto on or near Inspire Dance Arts School, any theater or other related places. I HAVE READ THIS RELEASE, WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

I have read and understand the above:

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**Inspire Dance Santa Barbara  
School of Technique and Performing Arts  
El Mercado Center: 4141 State St. Suite F6 (Upstairs)  
(805)770-5295 Email: [info@inspiredancesb.com](mailto:info@inspiredancesb.com)  
Web Address: [www.inspiredancesb.com](http://www.inspiredancesb.com)  
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