



# MA Dance / Marching Auxiliaries

## Medical Release / Photo Release

This medical release form must be completely filled out by every attendee participating in an MA Dance/ Marching Auxiliaries summer camp. Make copies as needed - **every participant, adult & minor, must complete a separate form**. Please complete the following form within 24 hours of your MA Camp. We ask that you screen all dancers, directors, and managers attending prior to your arrival. If anyone answers YES to the following statements, please have them stay home!

1. Have you tested positive for Covid-19?
2. Do you have any symptoms of Covid-19?
3. Have you been in close contact with anyone who has Covid-19?
4. Have you had a temperature of 100 degrees or higher in the last 24 hours?

You cannot attend if you answered yes to any of the above questions!

If your daughter/son becomes ill at camp, you must make arrangements to pick them up immediately.

Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Name of Parent or Guardian (if necessary) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent or Guardian cell phone \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Physician \_\_\_\_\_ Physician phone number \_\_\_\_\_

Is participant allergic to any medication? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Other Medical information that physician may need to know in case of emergency \_\_\_\_\_

Name of Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Phone number for insurance company \_\_\_\_\_

*Some instructional sessions may take place in large, carpeted ballrooms. This is the industry standard for rehearsal facilities at hotels, and is true at Tremaine, West Coast Dance Explosion, New York City Dance Alliance, etc. While we anticipate no problems with this, Marching Auxiliaries, Inc. shall accept no liability for injuries due to rehearsing on carpet.*

I, \_\_\_\_\_ (the parent/guardian of \_\_\_\_\_) hereby grant permission for MA to seek medical attention / treatment in case of illness or injury. I approve any attending physician to medically treat this child as deemed appropriate. I realize that any medical cost incurred due to illness/injury is our responsibility and not that of MA/ Marching Auxiliaries, Inc.

### Photo/Video Release Form

I grant to Marching Auxiliaries, Inc., its representatives and employees the right to take photographs /video footage of me and my property in connection with this event. I authorize Marching Auxiliaries, Inc., its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Marching Auxiliaries, Inc., may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I grant Marching Auxiliaries, Inc. the right to photograph/video my child during this event and post on company website.

Your signature constitutes full acceptance of all conditions expressed in this release form. I have read and understand the above:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

School/Group \_\_\_\_\_

Signature: parent or guardian (if under age 18) \_\_\_\_\_