

MINOR WAIVER/RELEASE (Complete if students are under 18)

I understand that Irish dancing involves certain inherent risks, notwithstanding the safety precautions, which are taken. I assume such risks on behalf of my child. In consideration of your accepting my child, _____ as a student in your program, for myself, my heirs, my executors, administrators and assigns, I waive and release any and all rights and claims for damages I have against the McClanahan School of Irish Dance, its sponsors, agents, employees, representatives, successors and assigns, (hereinafter collectively termed the "McClanahan School"), for any and all injuries and losses suffered by my child and/or me and agree to indemnify and hold harmless the McClanahan School for any claims by me or my child arising out of participation in any program or otherwise of the McClanahan School or at any other location during and event sponsored by the McClanahan School. Additionally, I hereby grant the McClanahan School permission to render first aid emergency treatment which it considers necessary to my child while in attendance at the McClanahan School, or at any other location during an event sponsored by the McClanahan School and release all rights and claims for damages which said child or I may have against the McClanahan School in connection with the rendering of said first aid emergency treatment and agrees to indemnify and hold harmless the McClanahan School for any claims by me or my child arising from said treatment.

Child's Name _____ Signed _____ Date _____
(Parent or Guardian)

CONSENT FOR TREATMENT FOR ACCIDENT & ILLNESS

Hospitals require that parents or adult guardians must give written consent before treatment of a minor (person under the age of 18) may begin unless the situation is life threatening.

I understand that the McClanahan School is not responsible in matters of illness or accidents. I certify that my child has had a medical examination to assure the physical fitness and capability to perform the dance involved in the program offered by the McClanahan School. In the event of an emergency, I hereby give permission to the licensed physician selected by the McClanahan School to hospitalize, secure proper treatment, anesthesia, or surgery for my child.

Child's Name _____ Signed _____ Date _____
(Parent or Guardian)

McCLANAHAN SCHOOL PHOTO/VIDEO CONSENT

During the dance year, pictures and/or videos are taken of McClanahan School dancers for in-house use and for educational or marketing purposes in the greater Louisville community. These pictures or videos may be used in combination with McClanahan School brochures, website or appear in community publications.

I give permission for the following to be used by the McClanahan School of Irish Dance for publicity purposes:

_____ my child's picture and/or appearance in a video

_____ my child's name (first name only)

_____ I do not give permission for the McClanahan School of Irish Dance to use my child's picture and/or appearance in a video for publicity purposes.

Child's Name _____ Signed _____ Date _____
(Parent or Guardian)

Please return completed form with fees to:

McClanahan School of Irish Dance
8001 Vine Crest Ave ~ Suite 2
Louisville, KY 40222

rocneel@bellsouth.net or 502-494-1246