



Medical Release Form

MA ❖ PO Box 940605 ❖ Plano, TX ❖ 75023 ❖ 800-977-7933

This medical release form must be completely filled out by every attendee participating in an MA / Marching Auxiliaries summer camp. *Make copies as needed as every participant, adult & minor, must complete a separate form.*

Name (First) _____ (Last) _____

Name of Parent or Guardian (if necessary) _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Parent or Guardian cell phone _____

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) _____