

Parent Permission and Release of Liability

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Second Phone # \_\_\_\_\_

Parent Consent:

I/We, the undersigned parent(s) of \_\_\_\_\_, a minor, do hereby consent to said minor participating in the activities conducted by Backstage Dance LLC. Also, I acknowledge that Backstage Dance LLC is not responsible for lost, stolen, or damaged property.

Authorization of Consent to Treatment of Minor:

I/We, the undersigned parent(s) of \_\_\_\_\_, a minor, do hereby authorize Backstage Dance LLC, hereinafter referred to as the "Agent", to consent to any treatment which is deemed advisable by, and is to be rendered under the supervision of a licensed physician, during all times that the minor is in the care of the Agent.

Permission to Publicize:

I/We, the undersigned parent(s) of \_\_\_\_\_, a minor, do hereby consent to Backstage Dance LLC publishing, on any Backstage Dance LLC websites or within its publications (including Backstage Dance Facebook page and Backstage Dance Instagram, the likeness and the name of said minor. I further consent to Backstage Dance LLC promoting the interest of Backstage Dance LLC by sharing the likeness and my/my child's name with commercial sponsors, news, or community organization and allowing the commercial sponsors, news, or community organization to publish the same.

\_\_\_\_\_  
Signature of Parent / Legal Guardian of said minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent / Legal Guardian of said minor