

**MARYLAND SCHOOL OF BALLET AND MODERN DANCE, INC**

**MEDICAL INFORMATION & HEALTH WAIVER**

FULL NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DAY TIME PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

EMERGENCY CONTACT – NAME, ADDRESS, & TELEPHONE NUMBER:

\_\_\_\_\_

LEGAL GUARDIAN(S)/PARENT(S) IF UNDER 18 –NAME, ADDRESS &  
TELEPHONE NUMBER:

\_\_\_\_\_

PLEASE LIST ALL PHYSICAL ACTIVITIES IN WHICH YOU CURRENTLY  
PARTICIPATE:

PLEASE LIST ANY CURRENT MEDICAL CONDITIONS:

DO YOU HAVE A HISTORY OF ANY MUSCLE TENSION, MUSCLE STRAIN OR  
BROKEN BONES? PLEASE DESCRIBE:

ARE YOU CURRENTLY TAKING ANY MEDICATIONS, PRESCRIPTION OR  
OVER-THE COUNTER? IF SO, PLEASE LIST:

HAVE YOU EVER HAD ANY HEAD TRAUMA OR BACK PROBLEMS? IF SO,  
PLEASE EXPLAIN:

DO YOU HAVE ANY FOOD ALLERGIES? IF SO, PLEASE LIST:

IS THERE ANY OTHER HEALTH/MEDICAL CONDITION WE SHOULD BE AWARE OF? IF SO, PLEASE EXPLAIN:

IS THERE ANY REASON FOR LIMITING YOUR PARTICIPATION IN ANY PHYSICAL ACTIVITY? IF SO, PLEASE EXPLAIN:

ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN? IF SO, PLEASE DESCRIBE THE CONDITION, CARE, TREATMENT, PROGNOSIS, & RELEVANT INFORMATION RELATED THERETO:

DO YOU HAVE A DOCTOR'S APPROVAL FOR EXERCISE, INCLUDING DANCE INSTRUCTION? IF SO, PLEASE CHECK HERE \_\_\_\_\_

I AM/MY CHILD IS CAPABLE OF PHYSICAL EXERCISE CHECK HERE \_\_\_\_\_

Studio Waiver and Release

I certify that I am/my child is capable of physical exercise, and I have completely documented any health or other concerns above. I agree that my child or I will participate in dance and/or Pilates courses and related activities given by the Maryland School of Ballet and Modern Dance, Inc ("the Studio") upon the following conditions: I recognize the risks of injury associated with any physical activity and participation in the courses, programs, or related activities at the Studio is upon the express agreement and understanding that I am waiving and releasing the Studio, its officers, directors, agents, employees/independent contractors, and representatives, from and against any and all claims, actions, causes of action, damages, costs, liability, expense of judgments, including attorney's fees and court costs, arising out of participation in the courses, programs, and related activities offered at/by the Studio, including but not limited to personal injuries, including death, and loss of or damage to property, whether occurring on or off the premises of the Studio. In consideration of this participation, I hereby assume all risks associated with said participation and agree to hold the Studio, its officers, directors, agents, employees/independent contractors, and representatives harmless from any and all liabilities, actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with participation in the aforementioned courses, programs, and related activities. The terms hereof shall serve as a release and assumption of risk for me/my child, my/my child's heirs, estate, executors, administrators, assignees, and for all members of my/my child's family. I certify that I am over the age of eighteen (18) years and authorized to sign this release, and that I have read the Studio Waiver and Release and fully understand the contents, consequences and implications of signing this document.

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