



**Waiver / Medical Authorization –**

**Please complete one form per dancer.**

**7/7/20**

**Dear CND Parent,**

To participate in any program at Colts Neck Dance & Performing Arts Academy, we ask that the parent/guardian of each student to please complete this form to participate.

**Name of Student:** \_\_\_\_\_

**Medical information: asthma/allergies** \_\_\_\_\_

**Parents cell #1** \_\_\_\_\_

**Parents cell #2** \_\_\_\_\_

**1. Parental Permission to Participate In-Person Classes:** As the parent(s)/guardian(s) of this student, I have given her/him my permission to participate in Colts Neck Dance & Performing Arts Academy in-person classes. My permission for my child to participate is based upon my belief that she/he has the ability under faculty supervision to participate appropriately following all guidelines for social distancing and personal protection. I understand that all students must adhere to the health and safety protocols listed by Colts Neck Dance & Performing Arts Academy.

**2. Parental Permission to Participate in Virtual Classes on Zoom:** As the parent(s)/guardian(s) of this student, I have given her/him my permission to participate in the Colts Neck Dance & Performing Arts Academy virtual classes program. My permission for my child to participate is based upon my belief that she/he can participate in class remotely, using a computer to participate virtually on zoom. I understand that there will be a link and password to enter the class.

**3. Waiver:** I as parent of this student, hereby acknowledge, understand, and agree that Raindance Production Inc. dba, Colts Neck Dance & Performing Arts Academy and its officers, trustees, administrators, faculty, and representatives shall not be responsible or liable for any damages whatsoever arising from any injury or illness to my child or her property as a result of her participation in either program above.

**4. Medical Treatment Authorization:** In the event you are unable to be reached and in case of an emergency. I give my permission for treatment deemed necessary by Colts Neck Dance & Performing Arts Academy faculty or emergency personnel. I also release Morello Properties of any liability in case of injury or accident sustained while on property.

**By signing below, I hereby agree and understand the above agreements.**

**Parent/Guardian Signature**

**Sign** \_\_\_\_\_ **Print** \_\_\_\_\_

**Date:** \_\_\_\_\_