

MARC WAYNE SUMMER DANCE INTENSIVE

June 27-July 1, 2016

Registration Form

Please fill out registration form completely and accurately. *(Please fill out a separate form for each participant.)* TYPE or PRINT clearly. Make checks payable to "Marc Wayne Productions" and mail to:

Marc Wayne Productions
13354 W. 112th Terrace
Overland Park, Kansas 66210

Name _____ Date of Birth _____ Age _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____ Male/Female _____

Email _____ Home Phone _____

Facebook? _____ FB Profile Name _____

Parents/Guardians Name _____

Address _____ Main Phone _____

City _____ State _____ Zip _____

Emergency Contact Name and Phone (If same as above, print "SAME").

Name _____ Phone _____

Training History _____

Camp Fee \$ _____

Date _____

Office Use Only

REQUIRED INSURANCE INFORMATION

Insurance Company _____

Policy _____

Group Number _____

Name of Policy Holder/Insured _____

MEDICAL COVERAGE/AUTHORIZATION FOR SUBSTITUTED CONSENT

I certify that I or my child (student) is covered by a personal or family plan, health insurance or an HMO that includes coverage for injuries sustained while student is participating in any of Marc Wayne Productions classes, rehearsals, performances, activities, or programs sponsored by MWP. MWP will not be responsible for any costs or liabilities resulting from a lack of such coverage.

I hereby grant permission to the director of MWP, or anyone designated by the director, and to those persons listed above as emergency contacts to authorize emergency medical or surgical treatment, including but not limited to, blood or blood product transfusions, diagnostic procedures, and the administration of anesthesia, for the student where medically appropriate in the case of injury, accident, or illness; subject however to the following limitations:

This authorization is given for the benefit of the student. The authorization given to the director is given with the understanding that the director or the director's designee will act only in my absence and only until I, my spouse, the legal guardian, or persons designated above can be contacted. I do understand that the medical appropriateness of such treatment will be determined by the attending physician or the medical facility's medical staff and that such a determination shall be by conclusive evidence of the reasonableness of the consent given. I agree to hold the director, anyone designated by the director, and any MWP employees harmless from liability arising from any and all medical treatment, or complications arising there from, rendered as a result of consent given pursuant to this authorization.

I further authorize the release by MWP or persons listed above to the health care provider of such medical and personal information as MWP or persons listed above may have regarding the student and the use of such information by the health care provider in the subsequent medical treatment of the student.

Signature _____ Date _____

(Under 18 years, from must be signed by a parent or legal guardian)

CONSENT/RELEASE

I hereby give permission to MWP to take photographs, videos, films and/or audio recordings of my child or me. I consent to the use of such material for promotional purposes by MWP

I recognize the risks of accident or injuries associated with any program of dance and theater and acknowledge that I am participating upon the express understanding that I am willing and able to accept full responsibility for my own and/or my child's safety and welfare. I hereby release MWP and agree to hold MWP harmless from and against any and all claims and liabilities whatsoever which I may have, arising out of the participation with MWP, except for those relating from gross negligence or willful misconduct of MWP. I hereby execute and deliver this release including MWP to permit me or my child to participate in its programs.

Signature _____ Date _____

(Under 18 years, from must be signed by a parent or legal guardian)