

Kansas State Fair Dance Showcase Medical Release and Liability Form

Participant's Name: _____

School: _____ Coach: _____ Date: _____

As the parent and/or legal guardian of the participant child named above, I grant permission for my child to participate in the Kansas State Fair Dance Showcase during the Kansas State Fair.

Liability Waiver

I understand that participation in this activity carries risks, including accident, injury, serious injury, fatality, and property damage, as a result of negligence or otherwise. Knowing these risks, I agree to assume the risk of their occurrence and to release Kansas State Fair; its officers, employees, and agents; its sponsors; and all persons and organizations associated with this activity, including schools, coaches, and the host site and its officers, employees, and agents from any and all liability that might arise from participating in this activity, whether as a result of negligence or otherwise.

Consent to Treatment

I authorize any representative of my child's school or a representative of the Kansas State Fair to consent to and authorize any medical attention, treatment, hospitalization, or surgical intervention by qualified and licensed medical personnel which may become necessary for my child as a result of participation in this activity or any injury arising from participation in this activity. I understand that I will be contacted as soon as possible in the event of an emergency using the contact information provided below.

Consent to Photography

I understand my child may be included in photography or videography taken during this activity.

Parent Signature: _____

Parent Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Emergency Number: _____

Insurance Company: _____

Policy Number: _____

Allergies/Medical Conditions: _____