

**2014 LINCOLN MIDWEST BALLET COMPANY.  
MEDICAL AUTHORIZATION AND INDEMNIFICATION**

DANCER NAME: \_\_\_\_\_

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

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

**Please list any medical conditions your child has, including asthma, allergies, diabetes, etc., as well as any other emergency plans we would need to know about:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Camp staff will not dispense any medication, over-the-counter or prescription.**

The undersigned parent/guardian does hereby authorize Lincoln Midwest Ballet Company, a Nebraska Non-Profit Corporation and its officers, directors and representatives to provide whatever medical attention or needs \_\_\_\_\_ may need or require during his/her participation in dance camp activities. The undersigned agrees to be responsible for and to pay on a timely basis any and all medical bills or other related bills incurred as a result of the medical needs of the aforementioned. Additionally, the undersigned agrees to hold the Company harmless and to indemnify said Company from any and all claims, expenses, or other liabilities resulting from any injury and/or illness to the aforementioned while attending dance camp activities.

I further acknowledge that I am fully aware of the potential risks and dangers in participating in the Lincoln Midwest Ballet activities and have read this release and understand all its terms, provisions and I execute it voluntarily and with knowledge of its significance.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Lincoln Midwest Ballet Company  
2014 Summer Dance Camp Photography Release**

This signed form will serve as permission for:

\_\_\_\_\_  
(Student's name)

to have pictures or videos of them in summer dance camp classes, used for promotional purposes in future print, digital and social media associated with Lincoln Midwest Ballet Company.

Signed: \_\_\_\_\_  
Parent or Legal Guardian

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