



**ISDTA SOLO and TEAM DANCE CHAMPIONSHIPS  
PERMISSION and LIABILITY RELEASE FORM**

As a parent/guardian, I give permission for my child to participate in the ISDTA Solo and/or Dance Team Championships November 2-3 and/or 29-30, 2018. I understand that participation in this/these event(s) includes a possibility of injury for my dancer.

I understand that there are risks involved in participating in dance that may include minor injury, major injury, paralysis or even death. I do hereby grant permission to medical staff members to administer treatment to my child in the event of injury or illness.

I also agree to hold harmless the ISDTA, Newton School District (Solos) and the Iowa Event Center (Team) for any and all liability for negligence or any other claim against the above parties, or for any injury or illness incurred as a result of my child's participation in this Championship event.

**PARTICIPANT NAME (please print)**\_\_\_\_\_

**SCHOOL**\_\_\_\_\_

**STUDENT SIGNATURE**\_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**\_\_\_\_\_

**DATE**\_\_\_\_\_

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I also agree that ISDTA may use my child's likeness, face, name or appearance in any video or photographs taken at the event(s). These video clips or photographs may be used in promotions, presentations or for broadcast, as needed, by ISDTA or any third party organization involved with the event.

Parent/Guardian Signature\_\_\_\_\_

Date\_\_\_\_\_