

**METROPOLITAN DANCE THEATRE OF NEW ORLEANS, L.L.C.**  
**Medical Treatment Authorization, Media Release**  
**Liability Release and Consent Form**

I, the undersigned parent or guardian, do hereby grant permission for my daughter/ son \_\_\_\_\_, to participate in the activities at Metropolitan Dance Theatre of New Orleans, L.L.C. (“MDTNO, LLC”). I understand that the activities at MDTNO, LLC involve a significant degree of physical activity. I certify that my son/ daughter in good physical health and condition and free from injury or disability which might impair his/ her ability to participate without limitation in dance class, rehearsal or performance as a student at MDTNO.

I further acknowledge and understand that due to the nature of this activity, there is a possibility that my daughter/ son may sustain physical illness or injury (minimal, serious or catastrophic), in connection with her / his participation. I further understand that dance /musical theatre activities involve certain inherent risks, which include but are not limited to falling, being hit by objects or props, twisting or breaking bones, bruises or other physical injury that require treatment from a medical physician.

I further acknowledge and understand that my daughter/ son is assuming the risk of such physical illness or injury by her/ his participation, and I further release MDTNO, LLC and its representatives from any claims for personal illness or injury that my daughter/ son may sustain during participation in this activity.

In order that my daughter/ son may receive the necessary medical treatment in the event she/ he may sustain injury or illness during participation in any event or activity at or with MDTNO, LLC, I hereby authorize MDTNO, its representatives, teachers, coaches, or other supervising adults to obtain medical treatment for my daughter/ son for such injury or illness. I hereby hold MDTNO, LLC and its representatives harmless in exercise of such authority. I understand that dance /musical theatre involves physically strenuous activities and my daughter/ son will be exerted during this program, and that if an injury results of falling, tripping, being knocked into or hit by objects or props while performing, or any other cause, that I expressly assume the risk of said injuries and that we will not hold the Released Parties responsible for the same.

Further, I also agree that I am responsible for my daughter’s/ son’s health and accident insurance and any medical costs incurred to injury. I also give my permission for emergency medical transportation and treatment at my expense if the need arises.

I hereby release, indemnity and hold harmless MDTNO, LLC and its agents, employees, officers, directors, owners, partners, members, all parties for whom MDTNO, LLC may be responsible, and all others persons or entities associated with MDTNO, LLC (together, the “Releasees”) from and against any and all claims, liabilities, damages, demands, costs, attorney fees and expenses (including, without limitation, liability for personal injury, death, and property damages) which may be suffered or may arise or which may be in any way connected with MDTNO, LLC.

I hereby consent to the use of my daughter’s/ son’s likeness, name and voice by MDTNO, LLC in connection with its informational, promotional and marketing activities, including, but not limited to, use in or on photographs, electronic video and web based data and audio recordings or the MDTNO, LLC web site, without compensation.

PARENT/ GUARDIAN INITIAL: \_\_\_\_\_

DATE: \_\_\_\_\_

**OVER**

If a provision of this Agreement is or becomes illegal, invalid or unenforceable in any jurisdiction, that shall not affect: the validity or enforceability in that jurisdiction of any other provision of this Agreement; or the validity or enforceability in other jurisdictions of that or any other provision of this Agreement.

I hereby state that I am authorized to make this decision. I agree to indemnify, defend and hold harmless Releases, as described above, from any loss, liability, cost, attorney fees or damages whatsoever that may be imposed upon said Releases because of any defect or lack of such authority to take the actions described herein on behalf of the undersigned participant. I have read and understand all of the above and voluntarily sign this document and further agree that no oral representatives, statement or inducement apart from foregoing written agreement have been made.

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT /GUARDIAN SIGNATURE: \_\_\_\_\_

**OVER**