

Dance Educators of America, Inc.
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**DANCE EDUCATORS OF AMERICA, INC. MUSICAL THEATRE INTENSIVE
MEDICAL RELEASE AUTHORIZATION FORM**

REQUIRED FOR STUDENTS UNDER THE AGE OF 18

THAT I/WE, _____, AM/ARE THE PARENT(S) AND OR

GUARDIAN(S) OF _____. AN INFANT UNDER THE AGE OF EIGHTEEN (18) YEARS OF AGE AND HEREBY AUTHORIZE DANCE EDUCATORS OF AMERICA, INC., THEIR PARENTS, OR EMPLOYEES TO OBTAIN MEDICAL AND/OR HOSPITAL CARE AND TREATMENT MAY BE DEEMED NECESSARY, WITH THEIR SOLE DISCRETION, WHILE SAID INFANT IS ATTENDING THE DANCE EDUCATORS OF AMERICA, INC. MUSICAL THEATRE INTENSIVE IN ORLANDO FLORIDA JUNE AND JULY 2024.

SIGNATURE: _____ DATE: _____

STATE OF: _____

COUNTY OF: _____

ON THIS: _____ DAY OF _____, 2023

BEFORE ME PERSONALLY CAME AND APPEARED _____

KNOWN AND KNOWN TO ME TO BE THE INDIVIDUAL DESCRIBED AND WHO EXECUTED THE FOREGOING MEDICAL AUTHORIZATION AND WHO DULY ACKNOWLEDGED TO ME THAT (S)HE EXECUTED THE SAME.



SIGNATURE OF NOTARY PUBLIC

NOTARY PUBLIC SEAL - STAMP

SPECIAL NOTICE:

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