

Prowler Dancers Prep Class Release Waiver

Participant Name: _____

Age: _____ **Phone:** _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

I, the undersigned or legal guardian, does hereby grant my permission to participate in the Orlando Predators Dance Clinic/Prep Class at the LA Fitness on 2999 East Colonial Drive Orlando, FL 32803. I do hereby accept the responsibility for any inquiry I (they) may receive while participating in any activity pertaining to this event. I further acknowledge, understand and agree that in participating in this event there is a possibility of physical risk, injury, or illness from participation and that I am assuming such risk. In the event of injury of illness requiring immediate treatment, I request that every effort be made to contact my provided Emergency Contact. If they cannot be reached, I authorize personnel to make arrangements for treatment. I grant the appropriate personnel of the Orlando Predators and/or The Prowler Dancers to make such arrangements for treatment. I hereby hold the representative of the Orlando Predators Organization harmless in the exercising of this authority. I agree to release Orlando Predators representatives and involved parties from any liability of any theft or damage to personal property.

SIGNATURE of participant (or Guardian if under 18 years of age)