

Medical Emergency and Physical Condition

I hereby certify that participant is in proper physical and mental condition to participate in the enrolled activities. I agree to notify Reflections Academy Of Dance immediately and in writing if there is any change in participant's condition. I have disclosed any and all physical or mental issues, restriction, or conditions regarding the participant on the Reflections Academy Of Dance registration from. I give Reflections Academy Of Dance, it's owners, administrators and instructor's permission to seek emergency medical treatment for participant and I request that participant be transported by ambulance to the nearest hospital if necessary, and I assume all cost's involved in transportation and medical expenses. I understand that Reflections Academy Of Dance cannot dispense any form of medication.

