



**SAN DIEGO BALLET PERMISSION TO PARTICIPATE IN ACTIVITIES CONSENT TO MEDICAL CARE INDEMNIFICATION FOR TRANSPORTATION**

The undersigned or undersigned authorized adult \_\_\_\_\_ who is either the parent having legal custody or the legal guardian of \_\_\_\_\_, a minor, has my permission to attend and participate in all rehearsal, performance, fund development and promotion activities of the SAN DIEGO BALLET & SAN DIEGO BALLET SCHOOL (SDB & SDBS) for the period for which she or he is a member in good standing. Further, the undersigned hereby agrees to indemnify and hold the SDB & SDBS harmless from the acts of the undersigned or said minor, while participating in the above-mentioned activities of the SDB & SDBS.

I further hereby authorize and consent to any adult officer or member of the SDB or SDBS who is in charge of rehearsal, performance, fund development and promotion activities of the SDB or SDBS and to whom the care of the signer or minor has been entrusted, to authorize the above named signer or minor to receive all necessary emergency first aid including, X-ray examinations, anesthetic, dental, medical or surgical diagnosis or treatment, and hospital care in the event the undersigned is unable to consent to such emergency treatments. This authorization is given pursuant to section 25, 8 of the Civil Code of California and remains effective only for the dates listed below. Parents of minors shall always be contacted immediately, whenever possible.

Furthermore, the undersigned adult or parent of a minor hereby agrees to indemnify and hold the SDB & SDBS harmless from any damage to person or property in the transportation to attend and participate in all rehearsal, performance, fund development and promotion activities of the SDB or SDBS for the period for which she or he is a member in good standing. Further, the undersigned hereby fully understands that the SDB & SDBS does not authorize any driving by adult or minor.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Minor: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Inclusive dates of participation in SAN DIEGO BALLET & SAN DIEGO BALLET SCHOOL

From: July 26, 2026 to August 31, 2027

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of COVID19 Vaccination \_\_\_\_\_ Not Vaccinated \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Medications presently being taken: \_\_\_\_\_

Known allergies and special medical conditions: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_