

**Expressions Dance of Jacksonville Inc.
Summer Camp**

Medical Release & Waiver of Liability- I certify that my child is in good physical condition and can participate in the scheduled activities. I grant permission for **Expressions Dance of Jacksonville Inc.** to act for me according to their best judgment in any emergency requiring medical attention. The undersign releases and discharges **Expressions Dance of Jacksonville Inc.** and all employees and volunteers exercising reasonable care within scope of employment, from liability for any known and unknown, foreseen and unforeseen personal injuries.

Camper Name

Signature of Parent or Guardian

Date