



NAME: _____

DATE: _____ **DATE OF BIRTH:** _____

DO YOU HAVE ANY FOOD ALLERGIES? (nuts, milk, dietary restrictions)

NO _____ **YES** _____ (please explain if YES)

DO YOU HAVE ANY MEDICAL CONDITIONS? (asthma, fainting, diabetes, etc)

NO _____ **YES** _____ (please explain if YES)

PLEASE LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING (Tylenol, birth control, etc)

EMERGENCY CONTACT _____

ADDRESS OF CONTACT:

RELATIONSHIP: _____

PHONE NUMBER: _____

In signing below, I myself, forever release and discharge any and all rights, demands, claims for damages and cases of suit or action known or unknown that I may have against the University of South Carolina Dance Marathon, Palmetto Health Foundation, Children's Miracle Network, Strom Thurmond Wellness and Fitness Center and any Dance Marathon sponsors for any injuries arising or resulting from participation in Dance Marathon. I attest that I am physically fit and prepared for this event. I also give full permission for use of my name and photographs in connection with this event and give my consent to and permit emergency treatment in the event of injury or illness while participating in Dance Marathon.

Signature (Parent/Guardian if under 18)