



**Summer 2019-Spring 2020
Release and Consent & Biographical Data Form
Specific to Individuals with Disabilities**

- ❖ Please complete and sign this form for each student enrolled; not one per family.
- ❖ The form is required each year and is valid until the following spring, as indicated above. Updated forms will be required for the Summer 2020 session.
- ❖ If the form is not on file, students may be asked to postpone participation in classes and activities.
- ❖ This is a requirement of the University of Utah.

Office Use Only	
Date Recorded	
Data Entered	

PARTICIPANT INFORMATION

Participant's Full Name (First Middle Last)			Program(s) Attending: (check all that apply)	
			<input type="checkbox"/> LEADD Program <input type="checkbox"/> Elevate Theater Company <input type="checkbox"/> Dancer's With Disabilities <input type="checkbox"/> Summer Camp(s)	
			Student is: <input type="checkbox"/> New <input type="checkbox"/> Previously Registered	
Participant's Date of Birth (MM/DD/YYYY):	Age:	Sex:	Lives with:	
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	
Home Address		City	State	Zip
Work Telephone	Place of Employment	Cell Telephone	Home Telephone	Email Address (will be used to send specific class and Tanner Dance updates only)

Parent/Guardian 1 Information

Name		Relationship	Spouse	
Home Address		City	State	Zip
Work Telephone	Place of Employment	Cell Telephone	Home Telephone	Email Address (will be used to send specific class and Tanner Dance updates only)

Parent/Guardian 2 Information

Name		Relationship	Spouse	
Home Address		City	State	Zip
Work Telephone	Place of Employment	Cell Telephone	Home Telephone	Email Address (will be used to send specific class and Tanner Dance updates only)

EMERGENCY/TRANSPORTATION CONTACTS (OTHER THAN PARENTS) *The following are authorized to pick up the participant or to be contacted to act on my behalf in an emergency. Parents/Guardians should not include themselves in this section.*

Name	Relationship	Work/Day Telephone	Home Telephone	Cell Telephone

PARTICIPANT'S MEDICAL INFORMATION

Physician Name & Phone	Dentist Name & Phone

Medical Conditions/Diagnosis:

- ADHD/ADD
- Autism/PDD
- Brain Injury
- Cerebral Palsy
- Deaf/Hearing Impaired
- Blindness/Visually Impaired
- Non-ambulatory
- Non-verbal
- Asthma
- Cyanosis
- Diabetes
- Heart Condition
- Hepatitis
- Down Syndrome
- Learning Disability
- Mobility Impaired
- Situational Mental Health Problem (depression, anxiety, etc)
- Atlanto-axial subluxation restrictions: _____
- Mental Illness (Formal Diagnosis: Psychosis, schizophrenia, etc)
- Physical health issues requiring medical care by RN or Physician
- Epilepsy/Seizures: Frequency: _____
- Developmentally Delayed
- Other: _____

Please describe any additional critical health care issues associated with the aforementioned listed above:

Please describe any uncommon specific symptoms that may occur due to rapid health deterioration:

Does the participant take any **MEDICATIONS**? YES NO
 If yes, please describe the medication(s):

TYPE:	PURPOSE:	SIDE EFFECTS:	DOSAGE:	FREQUENCY:

Will the participant need to administer medication during the class or camp? YES NO

ALLERGIES/DIETARY CONSIDERATIONS? YES NO
 If yes to allergies, please list them and describe treatment for each type of allergic reaction:

HEALTH INSURANCE INFORMATION

Company/Carrier:	Policy/Identification#:
------------------	-------------------------

DSPD INFORMATION – For DSPD Clients Only

DSPD Caseworker:	Phone #:	PID #:
------------------	----------	--------

Division of Services for People with Disabilities (D.S.P.D.) Grievance Process: I understand that if I am not found eligible for services from this agency, or if I am not satisfied with the services received, I have a right to a hearing with D.S.P.D. I also understand that I have the right if services are terminated or if they are not made available to me with reasonable promptness. The grievance committee is part of the Social Services Department and may be reached through your caseworker. The regional office is located at 195 North 1950 West Salt Lake City, UT 84116. Phone 801-538-4120. I understand the above grievance policy and agree to it.

GENERAL CONCERNS/ASSISTIVE NEEDS

Eating: (List swallowing or eating difficulties) _____

Toileting: _____

Mobility: _____

Behavior/Preferences/Non-Negotiable Routines: _____

Please list some behavioral management techniques that work for the participant: _____

Physical Limitations: _____

Dietary Restrictions: _____

Please list any additional significant functional limitations or disabling conditions: _____

Communication:

- Good
- Shy
- Limited Conversation
- Inappropriate Topics
- Signs / Needs Interpreter

Please list participant's preferred recreational and leisure activities: _____

Please list any additional information we should know about: _____

This Agreement, along with the rest of the Release and Consent and Biographical Data Form, must be completed in order to participate in the activities associated with the Tanner Dance Program.

ASSUMPTION OF RISK, WAIVER OF LIABILITY & INDEMNIFICATION AGREEMENT

I, the undersigned, for and in consideration of myself (if over 18) or my child being permitted to attend any University of Utah Tanner Dance program am familiar with the activities which take place in the Tanner Dance Program and:

TERMS AND CONDITIONS

- 1) Do request that the University of Utah allow myself (if over 18) or my child to register and fully participate. By requesting and authorizing such registration and participation, I acknowledge and I am aware of the nature and content of the program and understand and assume the risks associated with his/her participation.
- 2) I authorize the Participant to participate in the Tanner Dance Program at the University of Utah (the "Program"). I understand that such participation can include foreseeable and unforeseeable risks and other hazardous activities inherent in the program which may expose the participant to illness, injury, or death. Guardian/parent allows participation in the program with the knowledge of the danger involved and hereby agrees to assume and accept any and all risk of injury or death.

WAIVER, RELEASE AND INDEMNIFICATION

- 1) Have signed the additional **Behavioral Guideline Form** and do agree to follow the behavioral policy at all times. I understand that if I/he/she acts in a manner that Faculty/Staff at Tanner Dance find harmful to self or others, I will be responsible for picking the Participant up and taking them home or will be responsible for the cost to remove the Participant from class until he/she can be taken home. I also understand that I am responsible for the actions of any third party chaperone accompanying the Participant. I understand that while the Participant attends class that he/she may be responsible for damage done to the Tanner Dance facility or personal property.
- 2) Have signed the additional **Media Release Form**.
- 3) Have signed any additional paperwork requirements specific to the programs I am registering for on an as need basis.
- 4) **I know that in case of serious emergency or illness, when the parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care.** I hereby give permission for the staff of Tanner Dance to administer medication as described on this form. If I cannot be reached in an emergency, I give my permission to the Tanner Dance to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for the Participant. I understand the information on this form will be shared on a "need to know" basis with Tanner Dance staff and faculty. I give permission to photocopy this form and all other forms.
- 5) Participant/Guardian/Parent of Participant understands and acknowledges that the University of Utah ("University") is not an insurer of Participant's behavior, actions or participation in the program, and that the University assumes no liability whatsoever for personal injuries or property damages to Participant or to third persons arising out of Participation in the Program activities. Participant or Guardian/Parent hereby agrees to release, waive, covenant not to sue, indemnify and hold harmless the University, and all of their officers, employees and agents (collectively the "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by Participant or loss or damage to any property belonging to Participant arising out of or related to participation in the above named Program, and excepting only such loss, damage or injury as may be caused by the sole negligence of any Releasee.
- 6) Participant/Guardian/Parent of Participant agrees that the site of any lawsuit arising out of or related to participation in the Program shall be Utah and that this Agreement will be governed by and construed in accordance with the laws of the state of Utah, without application of any principles of choice of law.
- 7) Participant does not have any medical conditions that would prevent participation in the Program.
- 8) Participant has adequate health insurance to cover the costs of treatment in the event of any injury.
- 9) Participant shall pay any attorney fees or costs incurred by the University in enforcing this Agreement. If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

PARTICIPANT/GUARDIAN/PARENT OF PARTICIPANT HAS CAREFULLY READ THESE TERMS AND FULLY UNDERSTANDS THEIR CONTENT AND IS AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN PARTICIPANT OR GUARDIAN/PARENT OF PARTICIPANT AND THE RELEASEES AND SIGNS IT OF HIS OR HER OWN FREE WILL.

For Participant: I acknowledge that I understand the terms of this Agreement. I also acknowledge that these terms shall bind my heirs and personal representatives and the heirs and personal representatives of Participant.

Participant (Print) _____ Participant Signature _____ Date _____

For Parent/Guardian: I am signing this Agreement on behalf of a minor Participant. I acknowledge that I am the Guardian/Parent of the Participant and that I understand the terms of this Agreement. I also acknowledge that these terms shall bind my heirs and personal representatives and the heirs and personal representatives of Participant.

Parent/Guardian (Print) _____ Parent/Guardian Signature _____ Date _____

