



## PERMISSION/MEDICAL FORM

I \_\_\_\_\_ Parent/Legal guardian of \_\_\_\_\_ gives permission for said child/children to participate in Irish Dance classes held by Terri Heckmann/O'Connor Irish Dancers.

I realize that Irish dancing is a physically challenging activity and that injury may result. I hereby agree to hold Terri Heckmann and O'Connor Irish Dancers legally harmless in the event of injury, accident, loss, or damage.

My child/children are in good physical health, and have not been limited in his/her physical activities by a Doctor.

Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

## PHOTO/VIDEO PERMISSION

I \_\_\_\_\_ Parent/Legal Guardian of \_\_\_\_\_ gives Terri Heckmann/O'Connor Irish Dancers permission to take video and photos of my child for the purpose of promoting the class/Irish Dancing in general.

Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_