

CSI Dance Department

College of Southern Idaho Dance Department

Health History and Informed Consent Agreement

Thank you for choosing to enroll in a technical dance course in the College of Southern Idaho Dance Department. We request your understanding and cooperation in maintaining both your and the safety and health of others by filling out this confidential form to the best of your ability. Thank you.

I, _____, declare that I intend to participate in a physical activity offered by the College of Southern Idaho (CSI) Dance Department, and I understand that each person (myself included), has a different capacity for participating in such courses. I acknowledge that my choice to participate in any activity brings with it my assumption of risks stemming from this choice.

I, _____, acknowledge that my participation in aerial arts training and instruction entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to me, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity and I expressly agree and promise to accept and assume all of the risks existing in this activity.

I, _____, acknowledge that my participation in this activity is purely voluntary, and I elect to participate in spite of the risks. By signing this document, I acknowledge that I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

I, _____, hereby state below all information that would negatively impact my ability to actively participate in this CSI physical dance activity course and will contact my instructor if any health risks change during the course of the class.

I have read, understood, and completely filled out the above to the best of my ability.

Print Name: _____

Date: ____/____/____

Signature: _____

Date of Birth: _____

Parent/Guardian Signature (if under 18): _____