

# HOUSTON BALLET

Ben Stevenson Academy

## August 2008-July 2009 CONSENT TO EMERGENCY TREATMENT

I acknowledge that there are risks inherent in any youth program, including but not limited to injury or death arising from: participation in sports; student's failure to follow instructions of supervisors; communicable illness; and independent acts of third parties not under the control of supervisors. I acknowledge that all risks cannot be prevented, and assume those beyond the controls of the Academy staff. In order to minimize all risks to my student or other participants, I will take responsibility to see that my student is prepared for all activities and is in good health each day of the summer intensive program.

In case of medical emergency, I understand that every reasonable attempt will be made to contact me, my family physician, or the emergency contact named below. However, in the event that I or my named contacts cannot be reached, I give permission to the chaperones and staff of Houston Ballet's Ben Stevenson Academy to secure medical treatment for my student. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance.

Name of Student: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I certify that I have read, understand and agree to the contents of this document.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date