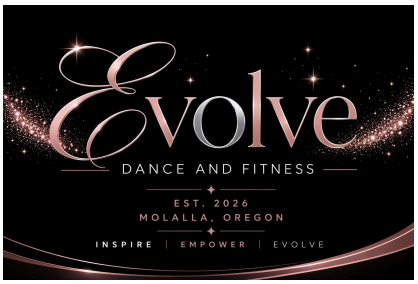


Evolve Dance and Fitness LLC

Medical Release and Emergency Treatment Authorization

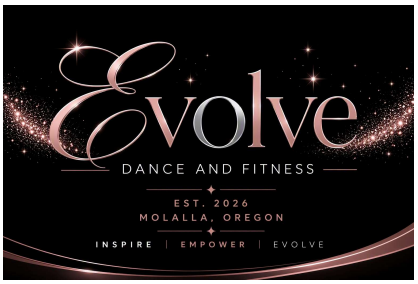
Version Control

Version	Effective Date	Description	Approved By
1.0	August 2, 2026	Initial approved version	Josh Kayser and Kate Gefael

Purpose. This Medical Release and Emergency Treatment Authorization is intended to help Evolve Dance and Fitness, LLC respond appropriately if a participant becomes ill, injured, or requires emergency medical attention while participating in any class, rehearsal, private lesson, workshop, camp, conditioning activity, performance, recital, open studio time, event, or other activity offered, sponsored, hosted, or supervised by Evolve Dance and Fitness, LLC, whether on-site, off-site, or in connection with studio programming.

1. Participant Information

Participant Full Name	
Date of Birth	
Age	
Class/Program	
Primary Parent/Guardian Name	
Parent/Guardian Phone	
Parent/Guardian Email	
Address	

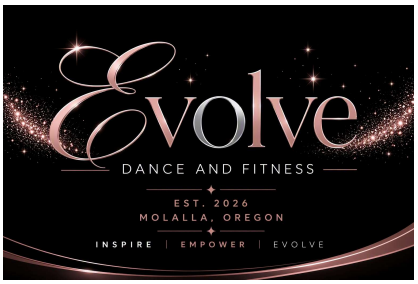


2. Emergency Contacts

Name	Relationship	Phone	Authorized for Pickup?
			Yes / No
			Yes / No
			Yes / No

3. Medical Information

Known Allergies	
Current Medications	
Medical Conditions, Injuries, or Limitations	
Activity Restrictions or Accommodations	
Physician/Clinic Name	
Physician/Clinic Phone	
Preferred Hospital or Urgent Care	
Health Insurance Provider	
Policy/Member Number	



4. Authorization for Emergency Care

I am the participant named above or, if the participant is a minor, the participant's parent or legal guardian. If the participant becomes injured, ill, or appears to require urgent or emergency assistance while participating in a covered activity, I authorize Evolve Dance and Fitness, LLC, its owners, instructors, staff, employees, volunteers, contractors, agents, and other authorized representatives to take reasonable emergency action in good faith.

If urgent or emergency assistance appears necessary and the adult participant, parent or legal guardian, or listed emergency contact cannot immediately be reached, I authorize Evolve Dance and Fitness, LLC and its authorized representatives to contact emergency medical services, call 911, contact listed emergency contacts, arrange or authorize transportation by ambulance or other appropriate means, and obtain or authorize emergency medical evaluation, first aid, or treatment as reasonably necessary under the circumstances.

I understand that Evolve Dance and Fitness, LLC staff are not medical providers, do not provide medical advice, and will not diagnose, monitor, supervise, or manage medical conditions, injuries, allergies, medications, or activity restrictions. Staff may provide reasonable first aid or emergency response support within their training and judgment. In a life-threatening emergency, staff may call 911 before attempting to notify the adult participant, the parent or legal guardian of a minor participant, or a listed emergency contact.

5. Medication and Health Instructions

Unless separately agreed in writing, Evolve Dance and Fitness, LLC staff will not administer prescription or over-the-counter medication. The participant, or, if the participant is a minor, the participant's parent or legal guardian, is responsible for providing accurate information and promptly informing the studio in writing of any medical conditions, injuries, allergies, physical limitations, medications, emergency medications, activity restrictions, or other information that may affect safe participation.

Special Instructions:

_____

_____

_____

6. Financial Responsibility

I understand and agree that I am financially responsible for all medical costs, transportation costs, emergency response costs, treatment, evaluation, prescriptions, supplies, follow-up care, and related expenses incurred as a result of the participant's injury, illness, emergency evaluation, treatment, transportation, or emergency response, including any costs not covered by insurance.

7. Release of Medical Information for Emergency Purposes

To the fullest extent permitted by law, Evolve Dance and Fitness, LLC, its owners, instructors, staff, volunteers, contractors, and agents shall not be liable for injuries, damages, losses, costs, or claims arising from emergency medical care, transportation, or emergency decision-making performed in good faith. This provision does not waive or limit any claim that cannot legally be waived.

I authorize Evolve Dance and Fitness, LLC to share the medical and emergency contact information provided on this form with emergency responders, medical providers, or authorized care personnel when reasonably necessary to protect the participant's health or safety. This authorization is limited to emergency or safety-related circumstances.

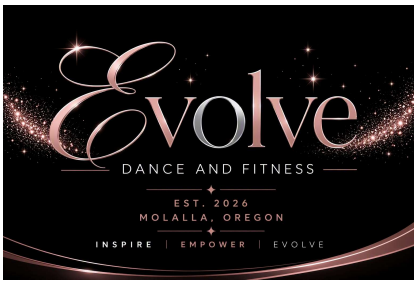
8. Term and Updates

This authorization remains in effect for the current registration year or until revoked in writing, whichever occurs first. I agree to notify Evolve Dance and Fitness, LLC promptly of any changes to the participant's medical conditions, injuries, allergies, physical limitations, medications, emergency medications, activity restrictions, emergency contacts, insurance information, or other information that may affect safe participation.

9. Acknowledgement and Signature

By signing below, I confirm that the information provided is accurate to the best of my knowledge. I confirm that I am either the adult participant or the parent or legal guardian of the minor participant, that I have authority to provide this authorization, and that I have read, understand, and agree to the terms of this Medical Release and Emergency Treatment Authorization.

Participant Name	
Parent/Legal Guardian Name	



Relationship to Participant	
Signature	
Date	
Phone	
Email	