

**BD ENTERTAINMENT PERFORMER AGREEMENT  
EXHIBIT B -- MEDICAL RELEASE AND LIABILITY WAIVER**

Performer's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

**EMERGENCY INFORMATION**

Father's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_)\_\_\_\_\_

Business Phone: (\_\_\_\_\_)\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_)\_\_\_\_\_

Business Phone: (\_\_\_\_\_)\_\_\_\_\_

***In an emergency where parent/guardian cannot be reached, please contact the following individual:***

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_)\_\_\_\_\_

Business Phone: (\_\_\_\_\_)\_\_\_\_\_

**MEDICAL INFORMATION**

Allergies: \_\_\_\_\_

Allergies to drugs (specify): \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician's Phone: (\_\_\_\_\_)\_\_\_\_\_

Medical/Hospital Insurance Company: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Company Phone: (\_\_\_\_\_)\_\_\_\_\_

**PERFORMER:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

I, the undersigned performer ("Performer") in the Blue Devils' "BD Entertainment" performance ensemble ("BDE"), or the parent/guardian of Performer if he/she is under the age of eighteen, acknowledge and fully understand that each BDE performer will engage in activities that involve risk of serious injury, including permanent disability or death, which might result not only from the Performer's action, inaction or negligence, but also the action, inaction or negligence of others and/or the condition of any premises and hazards of travel by air, train, bus, automobile, and other means, including but not limited to walking and/or driving or being driven to and from rehearsals, performances and other activities, and furthermore, that there may be other unknown risks that are not reasonably foreseeable at this time.

Accordingly, I acknowledge, fully understand and agree that I assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, and hereby release, discharge, covenant to indemnify and not to sue BDE, The Blue Devils, its instructors, managers, employees and associated personnel, officers, directors, agents, members, volunteers and representatives from any and all liability to Performer, his/her heirs and next of kin, against any and all claims by or on behalf of Performer as a result of my participation in BDE.

In an event of my illness, I hereby authorize any of the directors, officers, managers, producers, instructors or chaperones of The Blue Devils or BDE who are present to consent to whatever x-ray exam, anesthetic, medical, surgical, or dental diagnosis, treatment, and/or hospital care considered necessary for Performer in the reasonable judgment of the attending physician, surgeon, or dentist and to be performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing such medical or dental services. I agree to be financially responsible for the cost of such assistance and/or treatment. I recognize and agree that the directors, officers, managers, instructors or chaperones of The Blue Devils or BDE consenting to such health care may reasonably and in good faith rely upon the advice furnished to him or her by the attending licensed health care provider(s).

I have read the above waiver/release and understand that I have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner without the express written consent of the Director of The Blue Devils and that any unauthorized alteration will cause the Performer to be removed from BDE.

**NOTICE: THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE THE PERFORMER MAY PARTICIPATE IN ANY BDE ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED UPON INFORMATION PROVIDED HEREIN.**

\_\_\_\_\_  
PERFORMER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME