



**PAC MODERN
EMERGENCY MEDICAL CARE RELEASE
& MEDICAL/DENTAL WAIVER OF LIABILITY**

DANCER NAME: _____ **DATE OF BIRTH:** _____

I assume full financial responsibility for all emergency medical/dental services rendered. I furthermore release PAC Modern, California State University, Long Beach, and the Pilipino American Coalition of CSULB from any liability in the event of an injury while participating in any activity. This authorization is applicable to emergency medical care in relation to all activities and extra-curricular events both on-site (at 1250 Bellflower Blvd. Long Beach, CA 90840) and off-site. I have carefully read this release and fully understand its contents.

This authorization remains in effect as long as I am in affiliation with or dancing with PAC Modern.

SIGNATURE

DATE

GUARDIAN SIGNATURE (if under 18)

DATE