



***Medical and Travel Release***

I authorize representatives of Florida West Ballet and the Sarasota Ballet to obtain medical treatment for my child in the event of injury or illness and agree to pay any expense incurred for this treatment.

I also grant permission for my child to participate in any field trips.

I understand that under present Florida law, if my child is riding in a private passenger automobile that is involved in an accident, she/he will be covered for bodily injury under my family automobile policy, and I agree to submit any medical bills incurred to my insurance company for payment. If my policy has been issued with a deductible clause relative to the personal injury protection, I understand that I have assumed that deductible amount when I purchased the policy.

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian

Date

State of Florida  
County of Pinellas

Before me personally appeared \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_.

Witness my hand and official seal this \_\_\_\_ day of \_\_\_\_\_ 20 .