

# Village Theatre KIDSTAGE

## MEDIA & EMERGENCY TREATMENT/LIABILITY RELEASE

Please bring this when you check in on the first day of class. Each enrolled child must have a NEW FORM completed for each school year to ensure that this important information is as up-to-date as possible.

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

### MEDICAL and CONTACT INFORMATION

Parent/Guardian: \_\_\_\_\_ Landline: \_\_\_\_\_ Cell: \_\_\_\_\_

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Emergency Contact: \_\_\_\_\_ Landline: \_\_\_\_\_ Cell: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

### Please check any existing conditions that apply:

Allergies (please list) \_\_\_\_\_

Diabetes       Asthma       Hyperventilation       Cardiac       Seizures

Other Health Concerns \_\_\_\_\_

Please describe any special medical or behavioral concerns, allergies, or physical conditions that may affect your child's participation in this class about which you would like us to be aware. Use the reverse of this page if necessary. \_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Provider and ID# \_\_\_\_\_

### RELEASE OF LIABILITY AND HOLD HARMLESS

In the event of an accident or illness, I understand that every reasonable effort will be made to contact parent/guardian immediately. However, if I am unavailable, I authorize the KIDSTAGE staff to secure emergency medical care for my child as needed. Although I understand that KIDSTAGE will make every reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in theatre arts, which may include physical injury or other consequences arising or resulting from the program. I also grant permission for KIDSTAGE staff to take my child off site (within walking distance of the theatre).

Being fully aware of these risks, I hereby consent to my child's participation in this program and agree to hold Village Theatre and the KIDSTAGE staff harmless in any event.

### **PLEASE SIGN HERE:**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDIA NOTICE:** I, being legal guardian of the program participant named above, do also understand that Village Theatre has permission to use his/her name, photograph, likeness, video or voice recording, for broadcast or publication in any and all media. I further understand that if I wish to withhold permission for these usages, I must submit a MEDIA ABSTENTION form available through the KIDSTAGE office or at

[www.villagetheatre.org](http://www.villagetheatre.org). Initial here: \_\_\_\_\_