



MEDICAL & PHOTO RELEASE AND INFORMATION

This form is DUE on the first day of session classes or camp!

RELEASE FORM

If you or your child is involved in a Performance Academy event, class, camp, or production, you are hereby advised that our organization does not carry Workman's Compensation Insurance for participants or volunteers. If you or your child should suffer an injury while participating in our production, you will be personally responsible for your medical or injury related expenses.

I give permission for my child [*insert name here*] _____ who is of the present age [*insert date of birth here*] _____, to participate in The Edge Performance Academy events, classes, camps, productions, and/or activities. I also give permission to the designated adult supervisor in charge to secure emergency medical treatment for the minor child named above. I also agree to hold The Edge Performance Academy, The Edge Theatre, and/or their assignees harmless in the event of an injury or accident. I further understand that upon my failure to notify The Edge Performance Academy in advance or to pick up my child within the published dismissal time, the below listed emergency contact numbers will be called. If they are unreachable within one hour after dismissal time, The Edge Performance Academy personnel will notify local law enforcement authorities.

I hereby authorize and consent that The Edge Performance Academy and the Edge Theatre shall have the absolute right to copyright, publish, use, sell, or assign any and all photographic portraits or pictures, television spots, movie films, videotapes and/or sound recordings, or any part thereof, they may have taken or made of my child, or in which my child may be included in whole or in part.

Please print clearly

Parent/Guardian Name: _____
Address _____ Home Phone _____
Cell Phone _____ Work Phone _____

People you authorize to pick up your child: _____

Emergency contacts (Name and phone number):

1. _____ 2. _____

Student Insurance Company Name and Policy Number:

Known medical conditions that The Edge Performance Academy should be made aware of (i.e., allergies**, medications, emotional needs, unique parenting situations, special care instructions):

With your permission, The Edge Performance Academy staff will administer the listed medicine to your child during Performance Academy classes, rehearsals, productions, or special activities and/or events if deemed necessary. Dosage will be given according to package directions for age and weight. ***Circle only those medicines for which you give permission to administer.***

Tylenol Meltaways

Extra Strength Tylenol Caps

Ibuprofen

****Only** in case of allergic reaction listed above, special permission for **Benadryl Liquid** or **Liquid Caps**

I hereby authorize the designated Performance Academy staff member permission to administer the above over-the-counter medicine to my child _____ for pain associated with braces, menstrual cramps, and headaches (not associated with signs of fever or illness) or in case of allergic reaction.

I **do not** authorize permission for Performance Academy staff to administer listed over-the-counter medicine.

Parent/Guardian Signature

Date