



Student name \_\_\_\_\_ Student DOB \_\_\_\_\_

**Medical Info**

Physician name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/conditions \_\_\_\_\_

**Emergency Contact Info:** If parent(s) cannot be reached, in case of an emergency please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Authorized to Release to:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

My child may self-release.

Parent name(s) \_\_\_\_\_

Parent signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Parent email(s) \_\_\_\_\_



### Waiver of Liability

I hereby release, indemnify and hold harmless Mile Square Theatre (MST), its owners, members, advisors, Board of Directors, and all employees and agents of these parties from all liabilities, suits, claims, and/or demands of any kind or nature, legal or financial, whether caused in any way by negligence or not, arising from the participation in or observation of any MST activity for injuries to any person or property, whether on or off the premises. The student/participant named above does voluntarily participate in any and all MST activities and the student/participant and I understand that certain risks are inherent to and from participation and involvement with MST and in its various formal and informal activities. These activities include but are not limited to dancing. MST is not responsible for any lost or stolen property, at any time.

### Medical Release

As the parent/legal guardian of the student/participant named above, I request and authorize that in my absence the student/participant named above be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine/Osteopathy or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, and x-ray treatment of the student/participant named above. I have not been given any guarantee as the results of examination or treatment. I hereby authorize MST, its owners, members, Board of Directors, and all employees and agents of these parties to act for the student/participant named above according to their best judgment in providing or arranging for emergency care in any emergency circumstance requiring medical attention.

### Statement of Understanding

As the parent/legal guardian of the student/participant named above, I hereby state my understanding that the use of touch/hands on corrections will be employed as a teaching tool in MST classes, as is standard in performing arts training. I understand that such corrective guidance in performance activities is employed for the purposes of reinforcing correct alignment, efficient neural pathways, and injury prevention in physical practice. If the student/participant named above has an aversion to touch, I have clearly communicated this to all MST personnel.

Student name \_\_\_\_\_ Student DOB \_\_\_\_\_

Parent name(s) \_\_\_\_\_

Parent phone number(s) \_\_\_\_\_

Parent email(s) \_\_\_\_\_

Parent signature(s) \_\_\_\_\_ Date \_\_\_\_\_



## Media Release

I hereby understand and am fully aware that the student/participant named below may be participating in MST activities in which I and/or the student/participant named below may be photographed or videotaped from time to time. I hereby irrevocably grant to MST perpetually, exclusively, and for all media throughout the world (including print, non-theatrical, video, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs, sound bites, or video footage taken as a result of participation in MST activities. I hereby agree that I will not bring or consent to others bringing claim or action against MST on the grounds that anything contained in such photography or videography, or in advertising and publicity used in connection herewith, is defamatory, reflects adversely on me or the student/participant named above, violates any other right whatsoever, including, without limitation, rights of privacy and publicity.

**You have my permission to use my/my child's picture or video.**

Student name \_\_\_\_\_

Parent name(s) \_\_\_\_\_

Parent signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Parent email(s) \_\_\_\_\_