

Center Stage Productions



Medical / Photo Release Form

DUE FIRST DAY OF REHEARSALS!!

*If your child comes to CSP the first day of rehearsals and does **NOT** have this completed form he/she **WILL NOT BE ALLOWED** to attend the rehearsal.*

SHOW: _____

If you or your child is involved in a Center Stage Productions show, 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.

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

I give permission for my above named child(ren) to participate in the above named show and give permission to the designated adult supervisor in charge to secure emergency medical treatment for the minor named above. I also agree to hold CSP, and/or their assignees, harmless in the event of an injury or accident. Furthermore, I also agree to hold CSP, and/or its assignees, board of directors, staff or volunteers harmless in the event of a production related injury or accident.

I hereby authorize and consent that CSP shall have the absolute right to copyright, publish, use, sell or assign any and all photographs, portraits or pictures, television spots, movie films, videotapes and/or sound recordings, or any part thereof, that have been taken of my child, or in which my child may be included in whole or in part. I also agree to hold CSP, and/or their assignees, harmless in the event of an injury or accident.

Parent/Guardian Name (Please PRINT): _____

Parent/Guardian Signature: _____ Date: _____

Address: _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Emergency Contact Name: _____ Phone _____

Insurance Company and Policy # _____

Medical Information (allergies, medications, etc.): _____

Adult in charge may give my child Tylenol (circle one): Yes No