

# Center Stage Productions



## Parent/Volunteer Medical Release Form

SHOW: \_\_\_\_\_

(Please PRINT)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

Insurance Company and Policy #: \_\_\_\_\_

Medical Information (allergies, medications, etc.): \_\_\_\_\_

Do you have any physical limitations that would limit your ability to perform your duties? (Circle one) Yes No

If YES, please explain \_\_\_\_\_

As a volunteer or parent for Center Stage Productions, I am advised that CSP does not carry Worker's Compensation Insurance for participants or volunteers. If I suffer an injury while participating in a production, I am personally responsible for my medical or injury related expenses. I give permission to the Staff in charge to secure emergency medical treatment for me 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return Release Forms to CSP Staff*