

Lamb's Players Theatre
MINOR STUDENT HEALTH AND ACTIVITY RELEASE FORM
Student Information:

Name: _____ Age: _____ Date of Birth: _____

Health Information:

List any allergies the student has: _____

List any medications the student is allergic to: _____

Describe any continuing health problems of the student: _____

List all medications the student is currently taking: _____

Emergency Contact:

In the event of an emergency, the parents or legal guardian of this child may be contacted as follows:

Name: _____ Relationship: _____

Day Phone: (_____) _____

Alternate Emergency Contact:

Name: _____ Relationship: _____

Day Phone: (_____) _____

Insurance Information:

Insurance Company: _____

Policy Number: _____

Phone Number: (_____) _____

Waiver Release / Medical Consent

I consent to the participation of my child in Lamb's Players Theatre Summer Camp.

I hereby release and forever discharge Lamb's Players Theatre, and all officers, directors, employees, agents, volunteers and owners of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which any way arise from participation in any production and/or class attended.

In the event Lamb's Players Theatre is unable to contact me or the other emergency contacts listed, I consent to the administration of any medical treatment deemed necessary by a licensed physician, physician's assistant, or nurse practitioner and the transfer of my child to any hospital/medical facility deemed reasonably accessible or necessary. I understand and agree that Lamb's Players Theatre is not liable for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment or the administration of first aid by Lamb's Players Theatre employees.

Son or Daughter's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

Publication Release

I hereby authorize and consent that Lamb's Players Theatre 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.

Son or Daughter's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian Signature: _____

Date: _____