

## Waiver and Release Form

\*Anyone not having this form properly completed will not be allowed to participate in any APA, New England events\*

I, the undersigned Parent /Guardian, do hereby give authorization for myself/ daughter/ son/ ward to attend and to participate in dance, theater and vocal classes or any other events sponsored or approved by Academy of Performing Arts, New England. I hereby acknowledge that by attending and participating in the above-mentioned events, there is a possibility of physical illness or injury (minimal, serious, catastrophic and/or death) to myself / daughter/ son/ or ward and assume the risk by participating. I do hereby for myself /daughter/ son/ ward who might have a similar claim: waive, release and forever discharge any and all rights and claims for injury, illness or death which may arise now or in the future against Academy of Performing Arts, New England. This includes it's owners, operators, instructors, agents or representatives for any and all damages which myself/ daughter/ son/ ward may sustain or suffer while attending and participating in the classes or events.

**Date:** \_\_\_\_\_ **Parent/Guardian/Adult Participant:** \_\_\_\_\_

Permission is granted to use my own/ my daughter/ son or ward's image/name for future advertisement and literature for Academy of Performing Arts, New England and events sponsored or conducted by them. This may include but is not limited to newspapers, websites, magazines, television, flyers or any other forms of promotional venues.

**Date:** \_\_\_\_\_ **Parent/Guardian/Adult Participant:** \_\_\_\_\_

Name: \_\_\_\_\_ List allergies: \_\_\_\_\_

Parent: \_\_\_\_\_ Medication allergies: \_\_\_\_\_

Birth date: \_\_\_\_\_ Current medication taken: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ List any restrictions: \_\_\_\_\_

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

### *INSURANCE COMPANY INFORMATION* Please list insurance company that covers participant

Telephone number: \_\_\_\_\_ Name of Insurance Company: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Name of subscriber: \_\_\_\_\_

Day phone: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Policy number: \_\_\_\_\_

\_\_\_ Please check here if the participant is NOT covered under an insurance policy.

### -Medical Treatment Authority-

I, the undersigned, do hereby grant permission for myself/ my daughter/ son/ and/or ward to attend Dance, Theater and/or Vocal classes or other events sponsored or conducted by Academy of Performing Arts, New England. In order to receive the necessary medical treatment in the event of an injury or illness, I hereby authorize Academy of Performing Arts, New England's staff members to obtain such medical treatment and notify my emergency contact as soon as possible. In the event of such physical illness or injury, I hereby release and hold harmless Academy of Performing Arts, New England, its' owners, operators, instructors, agents or representatives against any and all claims, demands, losses, suits, liabilities, costs, fees, or any other damages.

I further acknowledge, understand and agree that in participating in these events there is a possibility of physical injury and illness. I assume full financial responsibility for any treatment.

**Date:** \_\_\_\_\_ **Parent/Guardian/Adult Participant:** \_\_\_\_\_

I have received a copy of Academy of Performing Arts, New England "Policies and Guidelines". By signing below I agree to adhere to all policies, procedures, terms and conditions stated in said document.

**Date:** \_\_\_\_\_ **Parent/Guardian/Adult Participant:** \_\_\_\_\_