

BTAA MEDICAL RELEASE FORM

This form is to be completed and signed by parent or legal guardian.

Name of Child: _____

In the event the child named above is injured or ill, I understand that an instructor will attempt to contact me, the other parent, or legal guardian at the telephone number provided below.

Parent/Guardian Name (Please PRINT): _____

Address: _____ City _____ State _____ Zip _____

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

Email _____

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

In the event that I or the other person listed above are not available, I give my permission to the designated adult supervisor in charge to provide first aid and/or secure emergency medical treatment for the minor named above and to take the appropriate steps to arrange for transportation to the nearest emergency medical facility.

You are hereby advised that our organization does not carry Worker'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 all medical or injury related expenses to you or your child.

By signing below you also agree to defend, indemnify and hold harmless, Broadway Theater Arts Academy and/or its assignees, its officers, board of directors, agents, employees, volunteers, staff, independent contractors, subcontractors and/or their assignees in the event of any injury, death or any other element of damage of any kind occurring anytime your child or you is engaged in an activity by, or on behalf of, or related to Broadway Theatre Arts Academy.

X _____ Date: _____

Signature of Parent or Legal Guardian