

MEDICAL/PHOTO RELEASE

Minor Release Form to participate in Miss Kathey's Academy for the Performing Arts classes and productions.

I give permission for my child: _____

Child's Date of Birth: _____ Gender: _____

Emergency Contact Name and Phone _____

Insurance Company, Policy # and Phone _____

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

Medical Conditions for which the minor is receiving treatment: _____

Prescription Drugs the minor is taking: _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S) As custodian of the aforementioned minor, I grant my authorization and consent for a designated adult to administer general first aid treatment for minor injuries or illnesses. If the injury or illness is severe, I authorize him or her to seek professional emergency personnel to attend, transport, and treat the minor and to issue consent for any medical care deemed advisable by a licensed medical professional or institution. I authorize the designated adult to exercise best judgment upon the advice of medical or emergency personnel.

If you or your child is involved in a MKA/Concert Ministry's class or production, 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. I also agree to hold Miss Kathey's Academy a subsidiary of CMI, and/or their assignees, harmless in the event of an injury or accident.

I hereby authorize and consent that Miss Kathey's Academy/CMI 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.

Effective Date: _____

Signed this ____ day of _____, 20____

Parent / Guardian Signature: _____

Printed Name: _____