



MEDICAL CONSENT & RELEASE OF LIABILITY

Please check each for consent.

I, authorize the directors, teachers, employees, agents and volunteers of SKIT as agents for the undersigned to consent to medical treatment in an emergency. I hereby release and discharge SKIT, its directors, teachers, employees, agents and volunteers from any and all claims due to negligence resulting in personal injury, beyond any available insurance coverage.

I agree that photographs of my child/children taken during class, rehearsal & performance hours may be used for promotional purposes by SKIT, but will not be used by other organizations without additional written consent.

I understand that this agreement is valid through fall 2019.

S.K.I.T. policy is to call parents first. Please list a contact if parents cannot be reached.

Name of Actor(ress) _____

Parent Signature _____

Date _____

ICE - In Case of Emergency

Name _____

Phone No _____

Allergies _____
