

S.k.i.t.

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 August 31st, 2020.

Name of Student _____

Parent Signature _____

Date _____

ICE - In Case of Emergency

*S.K.I.T. calls the parents first in an emergency. **Please list a non-parent contact to call if the parents are unavailable.***

Name _____

Relationship to Student _____

Phone No _____

Allergies: _____
