



Avalon Players Consent and Release Form

MUST BE AT LEAST 6 YEARS OLD BY JULY 1st TO PARTICIPATE IN SHOW

Participant Name _____

Medical Information

Doctor's Name _____ Phone _____

Allergies/Medications/Other info _____

Insurance Company _____ Policy # _____

Emergency Contact _____ Phone _____ Relationship _____

MEDICAL CONSENT AND PARENTAL CONSENT MUST BE SIGNED TO PARTICIPATE The PRODUCTION AND ANY RELATED ACTIVITIES

MEDICAL CONSENT

As the parent or legal guardian of the above named participant, I hereby give my consent for emergency medical care as prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of the above named participant.

SIGN HERE _____ **DATE** _____

PARENTAL CONSENT

I, a parent/guardian of the above named participant, hereby give my approval to his/her participation in any and all Avalon Players, Inc. activities. I assume all risks and hazards incidental to such participation, including transportation to and from activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless Avalon Players, Inc. and its officers, teachers, organizers, staff, sponsors, supervisors, participants, and persons transporting my child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident insurance.

SIGN HERE _____ **DATE** _____

MEDIA RELEASE

Avalon Players, Inc. reserves the right to use photos or video taken during programs for Avalon Players, Inc. publicity. *Registration in the program gives Avalon Players, Inc. gives permission to use that image without further consent or compensation.*