

Emergency Medical & Release Form

Child's Name: _____

Child's date of birth: _____

Mother or Legal Guardian: _____ Contact Number: _____

Father or Legal Guardian: _____ Contact Number: _____

Child's Physician: _____ Contact Number: _____

Doctor's Hospital Affiliation: _____ Address: _____

Child's Dentist: _____ Contact Number: _____

My child has the following medical condition(s):

Convulsive Disorder Diabetes Allergies (i.e. stings, food allergies) _____ Other _____

Please describe symptoms and precautions of any medical conditions and list any allergies that your child may have: _____

Current Medication: _____

Medical Insurance Company: _____ Name of Policy Holder: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Important:

The following people have my permission to pick up my child from SSU Performing Arts Academy:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

The undersigned, as parent or guardian of the child named above, desires that my child participates in **SSU Performing Arts Academy**. By execution of this Release, I agree that all requirements, directions and standards set by staff, use of any equipment or supplies under the supervision of the staff, shall be deemed to have been accomplished for the benefit of the child. I grant permission that any pictures taken containing my child may be used for future promotional purposes. In the consideration of Shawnee State University's efforts on my child's behalf, I do hereby voluntarily assume all risk of accident, injury, damage and/or loss of my child's property that may arise out of my child's participation in **SSU Performing Arts Academy**, hereby intending to release and discharge Shawnee State University, its board of Trustees, officers, employees and agents associated or connected with the program from every claim, liability or damage of any kind caused by negligence of Shawnee State University, its board of Trustees, officers, employees or agents involved or otherwise that may result for my child's participation in **SSU Performing Arts Academy**. By my signature I acknowledge that the child named is a minor under the age of 18. Although a minor, my child is aware of the risks involved in participating in the program. I assure Shawnee State University that I have carefully counseled my child on the risk of participating. I authorize Shawnee State University that I have adequate health insurance or personal funds to provide payment for all costs of medical necessary for my child. I agree to indemnify and hold harmless Shawnee State University for any costs associated with such care.

Required Signature: _____ Date: _____



Parental Consent & Release

Student Name: _____

The undersigned, as parent or guardian of the child named above, consents that my child participate in Shawnee State University's program **SSU Performing Arts Academy**. I acknowledge that the child named is a minor under that age of 18.

I acknowledge that the program includes indoor activities of the nature that may expose the child to hazards or risks that may result in illness, personal injury or death. I understand and appreciate that nature of such hazards and risks.

Although a minor, my child is aware of the risks involved in participating in the program. I assure Shawnee State University that I have carefully counseled my child on the risk of participating. Further, I assure Shawnee State University that there are no physical or other reasons that preclude my child from participating in the program.

I agree that all the requirements, directions and standards set by program staff, use of any equipment or supplies under the supervision of the staff, shall be deemed to have been accomplished for the benefit of my child.

I hereby release and discharge Shawnee State University, its board of Trustees, officers, employees and agents associated or connected with the program from every claim, liability or damage of any kind that may result from my child's participation in the program.

Printed Name: _____

Signature: _____ Date: _____



Photo + Media Release

By submitting this form, I the undersigned, grant permission to Shawnee State University (SSU) and/or the Shawnee State University Development Foundation (SSUDF) to publish my story and/or likeness and/or picture for use in promotional, educational, display or other media publications including newspapers, magazines, television, brochures, pamphlets, instructional material, books, web pages and/or other educational or promotional material.

I hereby grant SSU and/or SSUDF permission to interview me and/or to use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by SSU and/or SSUDF, in perpetuity, and for other use by the SSU and/or SSUDF. I will make no monetary or other claim against SSU or SSUDF for the use of the interview and/or the photograph(s)/video.

Name (print full name) _____

Signature _____

Address _____

City, State, Zip _____

Cell No. _____

Hometown _____

Are you 18 years of age? Yes No (If No, please have a parent or guardian sign below:)

Parent/Guardian (print full name): _____

Parent/Guardian Signature: _____