

PARENTAL PERMISSION AND MEDICAL CONSENT WITH LIABILITY RELEASE

RE: INNOVATIVE MUSIC CAMPS: SUMMER SHOW CHOIR CAMP

Name: _____ born on _____

Address: _____

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child (the "Child"), hereby consents to the participation by the Child in **Summer Show Choir Camp** conducted by **Innovative Music Camps for Singers**, and to the participation of the Child in all events relating to the activity.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of **Innovative Music Camps** to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures. I understand that this authority will be exercised only in case of an emergency and only if reasonable attempts to contact the parent(s) or guardian(s) should fail.

The undersigned assume(s) all risk of injury or harm to the Child associated with participation in the Activity and agree(s) to release, indemnify, defend and forever discharge the Organizer and its staff, employees and agents (collectively the "Organizer") of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to the Child or by the Child, howsoever caused, arising or to arise by reason of or during the Child's participation in the Activity.

This Consent Form may be revoked at any time before the expiration date with written notice to Organizer.

Signed on _____ (date), at _____ (city), _____ (state).

Signature of Parent/Guardian

Printed name of Parent/Guardian

Child Care Information and Instructions

Child's Name:
Child's Nickname:
Child's Age:

Parent(s) and Other Contacts

Mother's Name:	
Father's Name:	
Address of Parent(s):	
Home#	Work#

Second Contact Name:	
Relationship:	Phone Number:

Third Contact Name:	
Relationship:	Phone Number:

Medical/Health/Insurance Care Information

Child's Doctor Name:	
Address:	
Office Telephone:	After Hours Number:

Health Insurance Company:	
Group or Policy Number:	
Telephone Number:	

Medications:
Allergies:
Special Conditions:

Media Authorization

I authorize that my child may be photographed, video-taped and/or recorded and that the images/recordings may be made public in newspapers, TV, radio, internet or other media including a DVD of any and all rehearsals and performances which may be offered for sale. I agree that no compensation will be due the Child or the Parent/Guardian.

Signed on _____ (date), at _____ (city), _____ (state).

Signature of Parent/Guardian

Printed name of Parent/Guardian