

STUDENT Name _____ SCHOOL _____

PARENT/GUARDIAN NAME _____

EMAIL _____ PHONE _____

Theatre Theatre Maui

Medical Liability - Media & Informational Release Medical Release

In case of emergency, I authorize TTM, contract vendor instructors or volunteers to obtain necessary emergency treatment from the physician or medical group listed below. If none is indicated and/or if urgent action is necessary, emergency personal will be contacted to obtain medical treatment as deemed necessary at my cost. I waive and release TTM, contract vendor instructors and volunteers from any and all claims from liability sustained by me and/or my student while participating in any TTM related activity excluding damage due to gross negligence or lack of due care on the part of TTM.

Physician(s) Name _____ Phone _____

Medical Facility _____ Medical Insurance _____

Medical Information (allergies, special needs, medical/behavioral issues)

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

Media & Informational Release

I give TTM permission to use and publish for the purposes of advertising, public relations, social media, or other lawful use including but not limited to photographs, video or audio of my child as a result of participation in TTM's programs. Such remain property of TTM and without compensation to me. I also give TTM the right to utilize information I provide in any of its evaluation reports.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

Medical Liability - Media & Informational Release to be turned in to instructor in order to join. If you have more than one student in our program, please submit releases for each student.