

LINEAGE PERFORMING ARTS CENTER
MEDICAL, LIABILITY, AND PHOTO RELEASE FORM
Please Print

First Name: _____ Last Name: _____

Age (if under 18): _____ DOB: _____ Parent/Guardian Name: _____

Email _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

(Optional) Lineage has many programs that service people with neurological and physical challenges. In order to better our services, are there any challenges you would like to share with us?

No. Yes. (Please specify) _____

In this release form, the term “management” refers to the following: Lineage Dance, Lineage Performing Arts Center, the instructors, the coordinators and the representatives of these people and entities.

I hereby agree for myself, my heirs and my assignees as follows:

I, the undersigned participant or parent/guardian if the participant is a minor, do hereby choose to participate or have my child participate in the classes or activities presented at the Lineage Performing Arts Center or via distance learning technology. I further acknowledge and understand that by participating in these activities, there is a possibility that the participant may sustain physical injury (minimal, serious, or catastrophic) in connection with his or her participation. I further acknowledge and understand that I am assuming the risk of such physical illness or injury by this participation. I further hold Lineage harmless against all damages, claims, liabilities, expenses, or judgments, including attorney’s fees and court costs arising out of participation in this event.

I understand that in an unlikely event of an injury or illness during the activities, if the participant is incapacitated or otherwise unable to make a decision about seeking medical care, there will be an attempt to notify the emergency contact at the phone number below prior to seeking medical treatment for such injury or illness. I hereby hold the management harmless in the exercise of authority for injuries or illness that a participant may sustain. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on my behalf for physical illness or injury that I may sustain during the activities.

I acknowledge and understand that the management has established rules and regulations pertaining to conduct, behavior, and activities all participants must abide by during classes, and that I will be responsible for my own failure to abide by those rules and regulations. I understand that any violation of the rules can result in dismissal from the class.

PHOTO RELEASE: In addition, I give my permission, in the event that I am photographed or videotaped while participating in the event for use by the news media, or for the use of Lineage to create a video for promotional purposes, which may be utilized in the advancement of grant opportunities.

Signature of Student (or parent/guardian signature if under 18)

Date

Emergency Contact Name / RELATION

Emergency Contact Number(s)

What classes are you interested in? _____

How did you hear about Lineage Dance? _____