

# Lafayette Society for Performing Arts

## Liability/Medical Release

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Information

Parent/Guardian Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

In an emergency, when parent/guardian cannot be reached, please contact:

Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

### STUDENT OR PARENT/GUARDIAN AGREEMENT

I, as the adult-age student or the parent/guardian of the registered, minor student, agree to abide by the rules of the Lafayette Society for Performing Arts and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with the theater arts and in consideration for LSPA accepting the student for its programs and activities, I hereby release, discharge and/or otherwise indemnify LSPA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of LSPA and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

Adult Student or Parent/Legal Guardian of Minor Student (Print): \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT

As the adult student or parent/legal guardian of a minor participant in LSPA programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve this live, limb or well-being of the student.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_