

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: _____