

Firebird Theatre Release Form

CONSENT, AGREEMENT, AUTHORIZATION AND RELEASE

This consent agreement, authorization and release must be read and signed in order for your child to participate in our drama program.

Child's Name: _____

I, _____ hereby waive and release Firebird Theatre and any other co-sponsoring organizations from liability for injuries, damage, or loss of personal property to my child.

X _____ Date _____

CONSENT FOR MEDICAL TREATMENT

I hereby grant permission to staff at Firebird Theatre to administer first aid and provide any emergency medical care for my child in the event that I am not available. I also give my consent for any emergency transportation as deemed necessary.

X _____ Date _____

MEDIA AND PHOTO RELEASE

I give permission for use of print, video and or voice tape, and/or photographs in which the name, likeness or representation of my child may appear for Firebird Theatre promotions (no personal information like address or phone number will be posted publicly).

X _____ Date _____

Street Address _____

City _____ State _____ Zip _____