



SCHOOL OF PERFORMING ARTS

**RELEASE AND AUTHORIZATION**

**Name of Student:** \_\_\_\_\_

Indicated in the space below are any health problems or conditions of which Adhyaathma School of Performing Arts should be aware (such as heart, back, medical, allergy, muscular, pregnancy, diabetes, epilepsy, chemical or neurological condition, special medication, knee/kidney/shoulder problems, etc.).

I understand that the risk of injury is inherent in any physical activity and I, on behalf of myself and my child, knowingly and voluntarily accept that risk. I, the undersigned, for myself, my heirs, administrators, and executors, hereby waive and release Adhyaathma School of Performing Arts individually, its team and its staff from any and all claims or damages of any kind arising out of my child's participation in the exercise / dance program /Production of Adhyaathama school of Performing Arts.

I further certify that the aforementioned student is in proper physical condition to participate in the exercise/dance production and that he/she has been examined by a licensed physician and found to be in proper physical condition to participate in said program/ production. I, the undersigned, do hereby authorize Adhyaathma School of Performing Arts or their designated agents (being teachers or administrators employed by Adhyaathma School of Performing Arts) to obtain medical treatment for my said child in emergency situations where I cannot be reached in time to authorize the treating physician to provide such emergency medical services. I understand that I am responsible for any medical expenses and that the absence of health insurance does not make Adhyaathma School of Performing Arts responsible for payment of medical expenses. This authority includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician. This power is in essence a power of attorney and shall remain in effect for one year from the date signed below.

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness (Must be at least 18 years of age):** \_\_\_\_\_





**EMERGENCY INFORMATION**

1. Physician: \_\_\_\_\_

2. Hospital Preference: \_\_\_\_\_

3. Insurance Company Policy No: \_\_\_\_\_

4. Allergies (food, medicine etc.): \_\_\_\_\_

5. Any additional Information / comments: \_\_\_\_\_





**PHOTOGRAPHY/VIDEO CONSENT AND RELEASE**

I authorize the Adhyaathma school of performing arts to copyright and publish all photographs and videos, in print or electronic format, in which I appear or speak, that are taken by or for the school, I agree that the Adhyaathma school of performing arts may use, edit, reproduce such photographs and videos, or share them with others for any purpose related to the promotion of the school and its related programs and activities. I release all claims against the Adhyaathma school of performing arts and others with respect to the copyright, publication, or use of such photographs or videos, including any claim for compensation related to their use.

\* I understand and acknowledge that checking this box and printing my name below acknowledges that I have read and agree to the terms of this consent form. \*

\*I further acknowledge that any video footage in which I appear may be uploaded to and viewable on the Adhyaathma school of Performing Arts - YouTube channel or via a live/recorded webcast on Facebook or Instagram broadcast. \*

\_\_\_\_\_  
(Signature of Adult, or Guardian of Children under age 18)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

Email Address \_\_\_\_\_



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