

**MEDICAL/PHOTO RELEASE FORM AND INFORMATION**  
***Minor Release Form***

If you or your child is involved in a PACE Youth Theatre class or production, you are hereby advised that our organization does not carry Workman's Compensation Insurance for participants or volunteers. If you or your child should suffer an injury while participating in our production, you will be personally responsible for your medical or injury related expenses.

I give permission for my child(ren) \_\_\_\_\_  
Child's Birthdate(s) \_\_\_\_\_ to participate in the (*circle one*) Fall / Winter / Spring 201  
PACE classes and productions. I also give permission to the designated adult supervisor in charge to secure emergency medical treatment for the minor named above. I also agree to hold PACE, and/or their assignees, harmless in the event of an injury or accident.

I hereby authorize and consent that PACE shall have the absolute right to copyright, publish, use, sell or assign any and all photographs, portraits or pictures, television spots, movie films, videotapes and/or sound recordings, or any part thereof, that have been taken of my child, or in which my child may be included in whole or in part.

Father/Guardian Name (Please PRINT) \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Name (Please PRINT) \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name and Phone \_\_\_\_\_

Insurance Company, Policy # and Phone: \_\_\_\_\_

Medical Information (\*allergies, medications, etc.): \_\_\_\_\_

(Please include any information that the teacher/director should be aware of such as: ADD/ADHD, or other special needs)

Adult in charge may give my child Tylenol or Ibuprofen: \_\_\_ Yes \_\_\_ No