

Olympia Family Theater

PARENT MEDICAL and LIABILITY CONSENT FORM

I, _____, the parent/guardian of _____, understand that I am responsible to transport my child(ren) and sign them in and out each day. I will notify the director **in writing** if any special arrangements for transportation are being made (i.e. carpools or someone other than you is transporting and signing out your child).

WAIVER FOR PARTICIPANT

In consideration for Olympia Family Theater accepting my child's entry into this program, I personally, and on behalf of my child, assume all risks and hazards incidental to the conduct of this activity. I am aware the theater or any of its sponsoring agencies will not provide any medical or accident coverage. I further release, absolve and waive any right to bring a claim, action suit, or other proceeding against Olympia Family Theater; the organizers and sponsors of the program; or instructors of the program for damages due to any injuries suffered as a result of participation. I understand it is my responsibility as the parent/guardian to provide total coverage for any accidents or health problems.

I hereby give my permission for _____ to participate in the activities offered by Olympia Family Theater. My signature reflects my knowledge of my own liability as my child's parent/guardian.

Parent/Guardian Signature

Date

Initial here _____ to allow OFT to use photos of your child(ren) on their website and in promotional materials.

Medical Information:

Please list any special health problems, allergies, special diets or medication for your student.

Name of Physician _____

Phone Number _____

Health Insurance _____

Policy Number _____

MEDICAL RELEASE

I, _____, the parent/guardian of _____, authorize and consent to medical treatment and procedures deemed immediately necessary and advisable by emergency medical personnel to safeguard my child's health if I cannot be contacted.

Parent/Guardian Signature

Date