



**The Vandalia Youth Theatre Company – 2017 Season
MEDICAL AUTHORIZATION, RELEASE OF LIABILITY, and RELEASE and
AUTHORIZATION TO USE CHILD’S IMAGE**

The release and treatment authorizations must be signed by the parent or guardian of The Vandalia Youth Theatre Company (hereinafter known as VYT) cast member. These sections of this form must be completed for each cast member and on file to participate in VYT.

Cast Member: _____ Age: _____ Date of Birth: ____/____/____

Parent/Guardian: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____

Cell Phone: () _____ - _____

By my signatures below, under Sections A, B, and C, I signify that I have read, understand and agree to the following:

A. Release and Authorization to Use Child’s Image

- The Vandalia Youth Theatre Company (hereinafter "VYT") may produce or participate in video, motion picture, audio recording, Web page, or still photograph productions, broadcasting, and/or publication which may involve the use of children’s names, likenesses, or voices. Such productions will be used for non-commercial educational, exhibition, promotional, advertising, or other purposes by VYT and will not be sold other than to VYT members for their private, non-commercial use. Such productions may be copied, copyrighted, edited, and distributed by the VYT in the manner described above.
- I understand and agree that my and/or my child’s name, likeness, or voice may be used in the manner described above, and grant VYT the right to use and reuse, in any manner at all, the DVD, video, motion picture, audio recording, Web page, or still photograph productions, broadcasts, and/or publications as described above. I hereby forever release and discharge VYT from any and all claims, actions and demands arising out of or in connection with the use of said DVD, video, motion picture, audio recording, Web page, or still photograph, including, without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the benefits of the assigns, licensees and legal representatives of VYT, as well as the party(ies) for whom VYT took the DVD, video, motion picture, audio recording, Web page or still photograph.
- I represent that I have read the foregoing, fully and completely understand the contents hereof, and hereby give my consent.

Parent/Guardian: _____ Date: _____
(Signature)

B. Release of Liability.

- In consideration of The Vandalia Youth Theatre Company (VYT), granting the participant permission to participate in VYT, I hereby assume all risks of personal injury (including death) and property damage that may result from any VYT activity.
- As parent/guardian, I do hereby release and agree to indemnify, defend, and hold harmless all entities and organization associated with VYT and their employees, officials and agents, and all participants in the VYT program, including but not limited to The Vandalia Youth Theatre Company, St. John’s Lutheran Church, Stillwater Methodist Church, and the Northridge Local School District, from and against all liability, including claims and suits at law or in equity, for damages or injury, fatal or otherwise, which may result from the participant taking part in VYT activities.

Parent/Guardian _____ Date: _____

C. Certification, Insurance, and Medical Authorization.

- I certify that the student is physically able to participate in VYT activities. In the event of illness or injury, as parent/guardian, I hereby give my consent for medical treatment and permission to VYT staff or board members to provide or supervise on-site first aid for minor injuries and to a licensed physician to hospitalize and secure proper treatment (including injection, anesthesia, surgery, or other reasonable and necessary procedures) for the participant. I agree to assume all costs related to any such treatment. I hereby authorize my insurance company to pay benefits for costs of such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim.

Each participant must provide his/her own medical insurance.

As parent/guardian, I understand that I am responsible for any medical or other charges related to participation in the VYT activities.

Allergies: (please list all allergies) Are you allergic to Nuts? **Yes** **No**

Other Medical Conditions/Problems/Physical Limitations:

Current Medications: _____

Primary Emergency Contact: _____

Cell Phone: _____ Relationship _____

Secondary Emergency Contact: _____

Cell Phone: _____ Relationship _____

Parent/Guardian: _____ Date: _____

(Signature)