



RELEASE FORM

I understand it is the express intent of StageWorkz, LLC, to provide for the safety and protection of my child and in consideration of allowing my child to participate in this event and use the teaching, rehearsal and performance facility, I hereby forever release StageWorkz, LLC, its officers, directors, employees, agents, here and other staff persons from all liability for any and all damages and injuries while under the instruction, supervision, or control of StageWorkz, LLC, or its volunteer staff and employees.

As legal guardian of _____, I _____ hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of injury, illness while in class, rehearsing or performing with StageWorkz, LLC.

This acknowledgement and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian

Date

In case I cannot be reached, in the event of an accident, injury, sickness, etc., any of the following is designated to act on my behalf.

Name

Phone Number

Physician: _____

Phone: _____

Insurance Provider: _____

Policy: _____

Medical History (allergies, asthma, heart condition, epilepsy, etc.) _____
