



FUN ARTS CAMP

MEDICAL RELEASE & INDEMNITY FORM

STUDENT'S NAME: _____

PARENT'S (GUARDIAN) NAME: _____

BIRTH DATE: _____ GRADE COMPLETED: _____ GENDER: M F

PHYSICIAN: _____ PHYSICIAN'S PHONE #: _____

INSURANCE COMPANY: _____ POLICY #: _____

PARENT'S (GUARDIAN'S) EMPLOYER'S NAME AND NUMBER:

I declare that I am the natural parent, guardian, or managing conservator of the above-mentioned student, a minor. I hereby give permission for my student to participate in the ARLINGTON MUSIC HALL (AMH) FUN ARTS CAMP for 2017.

In consideration for my student being permitted to utilize the facilities and services of ARLINGTON MUSIC HALL in the above-listed activities, I agree to RELEASE, WAIVE, INDEMNIFY, HOLD HARMLESS, AND DISCHARGE ARLINGTON MUSIC HALL, its officers, employees, agents, representatives, successors, assigns, and volunteers, and all persons, natural or corporate, in privity with them or any of them, from any and all claims or causes of action of any kind whatsoever (including causes of action for negligence or gross negligence), at common law, statutory or otherwise, that the student, the student's parents, the student's legal representatives, heirs and/or assigns, have or might hereafter have, known or unknown, now existing or that might arise hereafter, directly or indirectly attributable to the student's participation in FUN ARTS CAMPS in 2017.

Further, should my student need medical treatment while attending the FUN ARTS CAMPS, I grant the authority to AMH, its officers, employees, agents, representatives, and volunteers to consent to medical treatment in the event I cannot be contacted. This authorization expressly includes the authority to sign releases on my behalf for medical services and facilities. I promise to assume liability for payment of all such medical services and facility fees and to reimburse ARLINGTON MUSIC HALL for any medical expenses that may be incurred on behalf of my student.

SIGNATURE OF PARENT (GUARDIAN) _____ **DATE:** _____

EMERGENCY CONTACT: _____ **PHONE NUMBER:** _____



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IMAGE CONSENT & RELEASE FORM

ARLINGTON MUSIC HALL (AMH) often uses still and video images in its publicity and/or public relations advertisements. With this document, AMH is attempting to affirmatively record your approval for your child/children's participation in these visual representations.

The agreement below allows you to express your approval for your child/children's name, picture, art, written work, voice, verbal statements and/or portrait (video or still) to appear in future AMH printed / video / publicity materials. These materials may or may not personally identify your child/children.

The undersigned Parent/Guardian releases to ARLINGTON MUSIC HALL (AMH) the images of the child/children listed below, and the undersigned consents to AMH's use of these materials as a part of their property.

The undersigned Parent/Guardian understands and agrees that:

- No monetary consideration shall be paid by AMH for use of the Image/Statement;
- The undersigned's consent and release has been given without coercion or duress;
- The images may be used in subsequent years by AMH.

This Consent and Release may be rescinded at any time with written notice to ARLINGTON MUSIC HALL, 224 N. Center Street, Arlington, Texas, 76011.

EFFECTIVE DATE OF AGREEMENT: _____

CHILD/CHILDREN'S NAMES: (PLEASE PRINT) _____

PARENT/GUARDIAN NAME: (PLEASE PRINT) _____

PARENT / GUARDIAN SIGNATURE: _____