



Dr. Phillips Center for the Performing Arts

high school jazz band regional festival

Essentially Ellington Liability & Media Release

Please print this form for you (the band director) and each of your participating students (or their parents/guardians) to sign. Then return all forms before the festival.

medical information & food allergies

Please list any medical conditions that may affect your participation, as well as any food allergies:

assumption of risk & release for liability

Knowing that participation in the program entails some risks, and in consideration of being permitted to participate in the program, I agree to release Dr. Phillips Center for the Performing Arts from any and all costs, claims, injury or illness resulting from my or my child's participation in the program. I agree that neither Dr. Phillips Center for the Performing Arts, nor any of its employees, independent contractors, directors and/or officers will be held liable for any injury which may occur to me or my child while attending a class, camp or workshop. This includes, but is not limited to, any activities in which I/he/she may participate including classes in singing, acting, dancing, physical comedy, stage craft, theatrical mask work, warm-up exercises and/or breaks. I grant Dr. Phillips Center for the Performing Arts staff permission to contact emergency services and permit treatment should I or my child become injured and I am unable to provide direct authorization for services. I hereby release Dr. Phillips Center for the Performing Arts and their respective employees, independent contractors, directors and/or officers from any and all legal or financial claims.

media release

Students are sometimes photographed and videotaped for use in Dr. Phillips Center for the Performing Arts promotional and educational materials. I authorize Dr. Phillips Center to record the image and voice of the subject named below and give Dr. Phillips Center and all persons or entities acting pursuant to Dr. Phillips Center's permission or authority to use these recorded images and voice. I understand said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without change, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

please sign

print name

signature (or signature of parent/guardian if minor)

date