

Stars  **Studio** RELEASE FORM

I understand it is the express intent of Stars Studio, 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 Stars Studio, 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 Stars Studio, LLC, or its volunteer staff or 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 Stars Studio, LLC.

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

_____ (Initial here if OK) If photos are taken during class, I approve the use of photos of my child(ren) to promote Stars Studio whether on its website, newspaper articles, advertisements, etc.

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.) _____