

The ARTS Company
Medical Release Form/ Liability Waiver

I, _____, (parent/legal guardian), give my permission for _____ (minor's name) to participate in all activities sponsored by The ARTS Company of Faison, located at 103 North Sampson Street, Faison, NC, 28341, owned by Sierra Lekoy beginning on date signed below. In the event of medical emergency, I do hereby give my permission for Sierra Lekoy and/or ARTS Co Staff to make any necessary medical decisions regarding treatment for my son/daughter without the necessity of first notifying me, and do further agree to hold blameless The ARTS Company of Faison and any physician, hospital, or other medical center for rendering such services. I do understand that if an emergency should occur every effort will be made to contact me as soon as possible. Further, I do hereby release from all liability The ARTS Company of Faison, in the event of any accident incurred during an activity on site, as well as any accident incurred en route, during, or returning from any activity off site sponsored by The ARTS Company of Faison and Sierra Lekoy. My signature below confirms that I have read, understand, and do agree to the above terms as well as terms listed in policy handbook.

Parent Signature

Date

Photo Permission

I, _____, give Sierra Lekoy permission to use photographs of my son/daughter taken during activities sponsored by The ARTS Company of Faison for use on The ARTS Company web page and in advertising.

Parent Signature

Date