



Liability, Image, and Medical Release Form

Children and Youth Arts Programs

ALL SECTIONS IN **YELLOW** ARE **MANDATORY** and **MUST** be filled out completely
THIS FORM MUST BE ON FILE for your child to participate in CFCArts Children and Youth Arts Programs

Participant Name: _____ **Gender:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Participant Birthday: _____ **Participant Email:** (If any) _____

Participant Home Phone: (_____) _____ **Participant Cell Phone:** (If any) (_____) _____

Known Allergies and Reactions: _____

Please provide any further information you would like CFCArts staff to know on the back of this form.

Parent/Legal Guardian 1 Name: _____

Parent Cell Phone: (_____) _____ **Parent Email:** _____

Parent/Legal Guardian 2 or Secondary Caretaker Name: _____

Caretaker Cell Phone: (_____) _____ **Caretaker Email:** _____

Emergency Contact Name: (If Parent/Guardian cannot be reached) _____

Relationship to Participant: _____ **Phone:** (_____) _____

Check-Out Procedures

- **Check-Out:** Starting immediately at the program's designated end time, a parent/guardian or person on the student's approved pick-up list must check out the student. Students may not be checked out early unless there is an emergency cleared with staff, or approved early release.
 - *Musical Theatre Troupe, Young Artists Orchestra – Check-out at the front desk in the lobby.*
 - *Musical Theatre Company, Elementary String Ensemble, Vocal Music Ensemble – Check-out at the doors of each individual classroom.*
 - *Camps and Workshops – Check out at the doors of each individual classroom unless specified.*
- **Photo ID:** Any person checking out a student must be prepared to present a photo ID. Staff reserves the right to hold students and contact a parent/guardian until/unless photo ID is presented.
- **Approval List:** Each student must submit an approval list (see below) with names, relationships, and phone numbers anyone permitted to check them out. Approval lists may contain underage persons such as an older sibling. To make a change/addition to an approval list, email youth@cfcart.com.
- **Student Drivers:** Students who are able and permitted to drive themselves to and from rehearsal must have a waiver on file signed by the student and a legal parent/guardian (see below.) All other students under age 18 must be checked out by a person on their approval list.
- **Late Pick-Up:** Ten minutes after the program's designated end time, staff members will contact a parent/guardian if a student has not been picked up. If this is a persistent problem, we reserve the right to charge a babysitting fee of \$1 per minute.

Approved Pick-Up List

ALL PERSONS WHO ARE ALLOWED TO PICK UP YOUR CHILD MUST BE LISTED ON THIS PAGE, INCLUDING THOSE LISTED ON THE FRONT PAGE.

Person's Name: _____ Phone: (____) _____
Relationship to Student: _____

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Relationship to Student: _____

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Relationship to Student: _____

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Relationship to Student: _____

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Person's Name: _____ Phone: (____) _____
Relationship to Student: _____

Person's Name: _____ Phone: (____) _____
Relationship to Student: _____

Student Driver/Rideshare Waiver

DO NOT SIGN IF CHILD IS UNDER 16/UNABLE TO LEAVE ALONE

I confirm that my student is at least 16 years old, holds a legal driver’s license, and they are permitted to check themselves out at the end of their program, leave the facility by themselves, and drive themselves home. Alternatively, I confirm that my student is at least 16 years old and is able to use a rideshare service such as Uber or Lyft, or a taxi service, to provide a ride home. I understand that CFCArts is no longer responsible for my child once they have checked themselves out.

PLEASE DO NOT SIGN unless your child is a legally licensed driver!

Printed Name of Parent/Legal Guardian _____ **Date** _____
Signature of Parent/Legal Guardian _____ **Date** _____

Signatures and Affirmation

I, the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in this CFCArts Community Event.

The individual identified on this form understands that all participants are expected to abide by program rules and be directly responsible to the Program Director.

Further, I do release and hereby agree to hold blameless Central Florida Community Arts and its employees, volunteers and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with the Children and Youth Arts program.

I also release the leaser/owner of properties on which any part of this Program is held.

I agree to pay for any damages or property loss as determined by Central Florida Community Arts or campus officials, when damage is considered to be at fault of student.

Further, I do authorize the director or campus official, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while attending this event.

It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I authorize Central Florida Community Arts to use photographs and video footage of the participant for promotional materials. _____ **(Initial)**

My consent and signature is given below. I have read and agree to the information given in this form.

Printed Name of Parent/Legal Guardian _____ **Date** _____
Signature of Parent/Legal Guardian _____ **Date** _____