



PORCHLIGHT MUSIC THEATRE MEDICAL RELEASE FORM

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent (s) Name (if under 18): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Relevant Medical/Behavioral Information/Allergies: \_\_\_\_\_

\_\_\_\_\_

Relevant Medication: \_\_\_\_\_

Are we to dispense? \_\_\_\_\_ If yes, at what times? \_\_\_\_\_

In case of emergency, please contact:

Name	Relationship	Phone
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Phone Number of Emergency Contact: \_\_\_\_\_

\_\_\_\_\_ In the event that of an emergency, I authorize Porchlight Music Theatre, NFP. to call 911.

\_\_\_\_\_ I am/My child is covered by 24 hour accident insurance or family medical insurance.

\_\_\_\_\_ I DO NOT have insurance; however, I agree to pay for any and all medical expenses.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PMT Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PORCHLIGHT MUSIC THEATRE  
WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT**

In consideration of the services offered by PORCHLIGHT MUSIC THEATRE, their instructors, agents, board of trustees, employees, officers, volunteers, funders, participants, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "PORCHLIGHT MUSIC THEATRE"), I do hereby release PORCHLIGHT MUSIC THEATRE from liability for any and all claims resulting from personal injury, accidents, illnesses including death, or any loss arising from PORCHLIGHT MUSIC THEATRE'S provision of goods and/or services to me in the course of my participation in PORCHLIGHT MUSIC THEATRE's Classes (hereinafter collectively referred to as "Claims"). Further, in consideration of the services offered by PORCHLIGHT MUSIC THEATRE, I do hereby covenant not to sue PORCHLIGHT MUSIC THEATRE for any and all past, present or future Claims.

**ASSUMPTION OF RISK**

I acknowledge that participation in PORCHLIGHT MUSIC THEATRE's Classes (hereinafter referred to as "Classes") carries with it certain inherent known and unknown risks that cannot be eliminated regardless of the careful steps taken to avoid injuries. Aforementioned risks include, but are not limited to: physical injury, emotional injury, paralysis, death, damage to property or third parties. Classes expose participants to the usual risk of cuts and bruises as well as more serious risks. Participants can fall off equipment, sprain or break wrists, ankles and other joints, pull or injure muscles, tendons and or other aspects of the musculoskeletal system. Such injuries can result in concussions and other neck, head or brain injuries. Classes are physical in nature and require a basic level of physical exertion that can cause or exacerbate preexisting cardiovascular or pulmonary conditions including but not limited to asthma or heart attacks. I hereby assert that:

\_\_\_\_\_ I/My child am/is participating in this class voluntarily.

\_\_\_\_\_ I have read the preceding paragraph;

\_\_\_\_\_ I understand that the risks described in the preceding paragraph and other reasonably foreseeable risks are inherent in Studio BE's Classes;

\_\_\_\_\_ I knowingly assume any risks contained in the preceding paragraph as well as any reasonably foreseeable risks; and

\_\_\_\_\_ I will assume the risk of exacerbating any medical and or physical condition, known or unknown, I may have.

**INDEMNIFICATION & HOLD HARMLESS**

I agree to indemnify and hold PORCHLIGHT MUSIC THEATRE harmless from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney fees, brought as a



result of my involvement in the Classes or the use of PORCHLIGHT MUSIC THEATRE's equipment and facilities, and to reimburse them for any such expenses incurred.

I further certify I have adequate medical and accident insurance to cover any injury or damage I may cause or suffer while participating in the Classes, or else I agree to bear the costs of such injury or damage myself.

**SEVERABILITY**

I expressly agree that the foregoing release, covenant not to sue, assumption of risk and indemnity agreement is intended to be as broad and inclusive as is allowable under the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue to be in full legal force and effect.

**ACKNOWLEDGEMENT of UNDERSTANDING**

I have read this release of liability, covenant not to sue, assumption of risk, and indemnity agreement, fully understand its terms, and I understand I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

**PARENTS OR GUARDIAN'S ADDITIONAL INDEMNIFICATION**

In consideration of \_\_\_\_\_ (print minor's name) (hereinafter referred to as "Minor") being permitted by PORCHLIGHT MUSIC THEATRE to participate in the Classes and to use its facility or equipment, I further agree to indemnify and hold harmless PORCHLIGHT MUSIC THEATRE from any and all claims which are brought by or on behalf of Minor and which are in any way connected with such use or participation by Minor.

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Parent or Guardian Printed Name

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Parent or Guardian Signature

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Date