

2019-2020

Emergency Information, Permission and Liability Form

CONFIDENTIAL 7/19

Please complete this form and turn into the Angelica office before the start of the choir season.



Singer Name:	Choir:
Parent(s)/Guardian(s) Names:	Include all cell phone number (s) and any other numbers to reach you in an emergency:
Emergency Alternate Contact Name:	Alternate contact - include all cell phone number (s) and any other numbers in case of an emergency:
Relationship to Singer:	
Name of Health Insurance Company:	Policy Number:
To better assist your child, please tell us any information we should know about his/her health and behavior, including <u>allergies</u> or other medical conditions, and any special <u>dietary</u> requirements:	
Please list any medications being taken that would be necessary for us to know in the event of an emergency:	
When a parent is not available, medications may be administered by (please circle):	
<div style="text-align: right;"><input type="checkbox"/> Singer <input type="checkbox"/> Staff/Chaperone</div>	
Release of Liability I hereby allow my child named above to participate in the Angelica Cantanti Youth Choirs (ACYC) program. I hereby release and discharge ACYC and its regents, officers, employees, agents, successors and assigns, on behalf of myself and my legal representatives, heirs, successors, and assigns, from any and all claims, liabilities, and costs which I or any of my legal representatives, heirs, successors, and assigns may have claim to, have relating to, or arising from my child/ward's injury, illness, or death. I agree to indemnify, defend, and hold harmless ACYC and its regents, officers, employees, agents, successors, and assigns, from any and all claims, liabilities, and costs asserted by or on behalf of my child/ward or any of my child/ward's legal representatives, heirs, successors, and assigns, relating to or arising from my child/ward's participation in this program, including and without limitation to my child/ward's injury, illness, and death.	
First Aid and Emergency Medical Treatment In the unlikely event that my child becomes ill or is injured, and I or the authorized named above cannot be immediately contacted at the time of an emergency, and if in the judgment of the staff of ACYC immediate observation or treatment is necessary, I authorize and direct the staff to send my child (properly accompanied) to the hospital or physician most easily accessible. I release ACYC, their employees, and agents from any claim of liability in connection therewith. I give permission for dispensing of over the counter medicines (i.e., Tylenol, Tums, Ibuprofen, etc.) as deemed necessary by the ACYC staff or the designated medical personnel.	
Photo/Audio/Video Release Waiver I give permission to allow pictures, video and/or audio recordings of my child named above to be taken during ACYC events, and that such images, interviews and recordings will only be used to promote the ACYC organization. If I do not grant permission, I will send a letter in writing to the Angelica organization at the address below.	
Parent/Guardian Signature:	Date: