

GET THEE TO THE FUNNERY 2020 Medical Release Form

Please fill out this form and mail it with your enrollment deposit of \$50.

We must have this medical release in hand before your child starts our summer program.

Participant Name _____ Age _____

Home Phone _____ Parent Work/Cell Phone _____

Emergency Contact (Friend/relative) _____ Phone _____

Participant's Insurance Company _____

Physician's Name _____ Phone# _____

Medical Information (Please note any conditions we should be aware of, such as asthma, allergy to bee stings or food, unusual recent events-including emotional or behavioral, current medications or difficulties):

I give my permission for my child, _____ to participate in the 2019 Shakespeare Program in Chelsea, Vermont. I understand that all physical activity involves some risks. I assume all risks associated with participation in this program, including but not limited to, falls, contact with other participants, working barefoot, the effects of weather, traffic, and other reasonable risk conditions associated with the program. All such risks to my child are known and appreciated by me. I understand this informed consent form and agree to its conditions on behalf of my child. Further, I authorize the program staff to seek emergency medical treatment of any injury or illness my child may experience. If qualified medical personnel consider treatment necessary, they may perform the treatment; This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so, or in a life threatening situation.

Parent's/Guardian's name _____

Signature _____ **Date** _____

PHOTO/VIDEO RELEASE (Optional)

I give permission for photographs or video taken of my child, during camp, to appear in any local press, and on the program's website, for the purposes of publicity. I understand that my child's name will not appear on the website, but may appear in local press.

Signature _____ **Date** _____