

MEDICAL, CONTACT INFORMATION, AND LIABILITY WAIVER FORM

(Please complete this form in its entirety, sign where noted, and return.)

EMERGENCY CONTACT INFORMATION:

Student's Name: _____

In the event of an emergency, please call the following telephone number(s):

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

If parent/guardians are unable to be reached, please contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

STUDENT MEDICAL INSURANCE INFORMATION

Insurance Company _____

Plan ID/Group Number _____ Insurance Policy Number _____

Primary Physician _____ Physician's Phone # _____

ALLERGIES:

_____ My child has no food allergies, sensitivities or restrictions.

_____ My child has the following food allergies/sensitivities/restrictions:

We communicate to our families mainly through email. Please provide us with your preferred email addresses for news and updates.

Student email _____

Parent/Guardian email _____

Yes, please add my child's email address to the shared student roster.

No, please do not add my child's email address to the shared student roster.

LIABILITY WAIVER AND MODEL RELEASE STATEMENT

I, the undersigned, waive and release any and all claims for myself and my heirs against Young Lions Jazz Conservatory, and any of its officers, directors, employees, agents or sponsors for any injuries or illnesses which may directly or indirectly result from participation in our classes. This waiver and release is valid from the date of my signature below, and shall remain effective unless and until modified in writing by the undersigned.

I understand that YLJC may, from time to time, photograph and video students while playing in the classroom or at venues for marketing and archival purposes. In the event that a photographer comes to my class or venue where I am performing, I acknowledge that it is my responsibility to notify the photographer of my desire not to be photographed.

I hereby grant YLJC permission to use photographs and video in which I appear for marketing, communications, and/or archival purposes. I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith. It is my understanding that such photographs will be copyrighted by the photographer and that no charge or special compensation is or will be required for my service/s.

Name of student: _____

I certify that I am the parent or guardian of the minor named above and have the legal authority to execute the above release and approve the foregoing.

Name of parent/guardian: _____

Signature of parent/guardian: _____

Date: _____