

### **Emergency Contact and Medical Information**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

M    F  
Sex

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Area Code + Home Phone

\_\_\_\_\_  
Area Code + Work Phone

\_\_\_\_\_  
Area Code + Home Phone

\_\_\_\_\_  
Area Code + Work Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

### **Emergency Contacts – Other than Parent/Guardian**

\_\_\_\_\_  
Primary Emergency Contact

\_\_\_\_\_  
Secondary Emergency Contact

\_\_\_\_\_  
Area Code + Home Phone

\_\_\_\_\_  
Area Code + Work Phone

\_\_\_\_\_  
Area Code + Home Phone

\_\_\_\_\_  
Area Code + Work Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

### **Medical Information**

\_\_\_\_\_  
Hospital/Clinic Preference

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Area Code + Work Phone

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Allergies/Special Health Considerations

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child, and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# ***WAIVER AND RELEASE OF LIABILITY***

In consideration of the risk of injury while participating in the *Chicago Performs!* trip to Chicago, IL with Front & Center Productions/Jennifer Toney (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Front & Center Productions (located at 1820 W. Wood, Decatur, IL. 62522) their managers, members, attorneys, staff, volunteers, and representatives for any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity.

**I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.**

I agree to indemnify and hold harmless Front & Center Productions against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Front & Center Productions incurs any of these types of expenses, I agree to reimburse Front & Center Productions.

**I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Front & Center Productions AND ALL OF ITS MANAGERS, MEMBERS, ATTORNEYS, STAFF, VOLUNTEERS, AND REPRESENTATIVES FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST Front & Center Productions FOR PERSONAL INJURY OR PROPERTY DAMAGE.**

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Front & Center Productions, its agents, and employees. In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

**PARENT/GUARDIAN WAIVER FOR MINORS** In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

**Parent / Guardian Name:**

**Relationship to Minor:**

**Signature:**

**Date:**

## **TRIP PARTICIPANT 18 YRS OLD AND OLDER**

**Name:**

**Signature:**

**Date:**