

DALLAS CHILDREN’S THEATER ACADEMY CLASSES RELEASE FORM

I, *(parent’s/guardian’s name printed)* _____ hereby release and hold harmless DALLAS CHILDREN’S THEATER and ROSEWOOD PROPERTY COMPANY of any responsibility for injury or mishap which may occur to

(child’s name printed) _____ while attending classes at Rosewood Center for Family Arts at 5938 Skillman St., Dallas, Texas.

(parent’s/guardian’s signature) _____

(date) _____

To provide the best safety please provide us with the following information:

Student’s class title: _____

The following people are authorized to pick up my child *(please include names of parents)*:

Please send written verification that student has permission to leave the premises with someone other than the names listed above.

Mother’s Cell Phone: _____ Father’s Cell Phone: _____

Other Phone Numbers: _____

Mother’s Place of Employment: _____

Father’s Place of Employment: _____

Other Emergency Contacts: _____

Does your child take any medication or have any special needs? Please explain: _____

I GIVE PERMISSION FOR EMERGENCY CARE TO BE ADMINISTERED TO MY CHILD

(parent’s/guardian’s signature)

(date)

I GIVE PERMISSION FOR PHOTOGRAPHS AND/OR VIDEO OF MY CHILD TO BE USED BY DCT FOR PROMOTIONAL AND /OR DOCUMENTATION /EVALUATION PURPOSES.

(parent’s/guardian’s signature)

(date)