**Pacific Singers & Actors Workshop Parent/Guardian Waiver**

My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has my permission to participate in any organized activity of Pacific Singers & Actors Workshop, including but not limited to classes, rehearsals, performances and all related activities. I understand that my student will be asked to fill out a questionnaire in the 1st and 9th weeks of the program, which will include questions about why the student is participating and ratings of the experience. I hereby release Pacific Singers & Actors Workshop and any of its employees, independent contractors or interns from any liabilities that might arise from these activities. I understand that there are inherent risks in any after-school activity and have instructed my child to act with care and caution while participating in classes. I understand that Pacific Singers & Actors Workshop, its employees, independent contractors or interns is responsible for my child only during those times indicated on any given schedule and is not responsible for my child before or after he/she arrives at/leaves the building where these activities take place.

I also understand that my child is committed to attending all 10 classes during the semester unless he or she has been excused from school that day.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated\_\_\_\_\_\_\_\_\_\_\_

Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization of Consent to Treatment of a Minor**

I, the undersigned, parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor child, do hereby authorize and consent, in case of emergency, to

any x-ray examination, anesthetic, medical or surgical treatment, and hospital care which is deemed advisable by, and is to be rendered by, any licensed physician or surgeon in any licensed hospital, whether such treatment is rendered at the office of said physician/surgeon or at the hospital. It is understood that this authorization is given in advance of any specific diagnosis or treatment required, but is given to provide authority and power on the part of a physician to perform such treatment or hospital care as may be deemed advisable in case of medical emergency.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated\_\_\_\_\_\_\_\_\_\_

Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact name and number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name Phone number

**Publicity Waiver**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby grant to Pacific Singers & Actors Workshop and all its subsidiaries, affiliates, licensees and assigns, the right to use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s name and likeness, and to portray him or her in promotional photos, videos, audio recordings, or any other type of advertisement for Pacific Singers & Actors Workshop.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated\_\_\_\_\_\_\_\_\_\_\_\_\_