

Gulf Alliance for Local Art (GALA)

Medical Release Form

I, _____,
as parent/guardian of _____,
understand that there is some degree of risk inherent in the activities conducted by Gulf Alliance for Local Art (GALA), even though GALA takes all reasonable precautions to prevent any accidents or injuries to the participants. I agree and consent that my child may participate in the activities of GALA ns the St. Joe Children's Theater.

I further release and discharge GALA, its staff, directors, employees, and volunteers from any and all claims, demands and causes of actions belonging to said minor arising out of his/her participation in GALA programs. I hereby authorize GALA, its directors, staff, employees, and volunteers to seek any medical assistance that may arise out of participation in the GALA programs in the case of an accident or injury or if the child needs emergency medical care. I agree that I will be responsible for any fees and costs incurred in obtaining said service, and I indemnify GALA, its directors, staff, employees, and volunteers for any liability for said fees and costs.

I have read the foregoing release and fully understand it.

DATE

PARENT'S SIGNATURE

Please provide the following emergency information:

Name of Parent or Guardian: _____

Address: _____

Home Phone: _____ Other Phone: _____

Emergency contact in case parents cannot be reached:

Name: _____ Phone No.: _____

Physician's Name: _____ Phone No.: _____

Please list any physical or psychological conditions (such as asthma, anxiety disorder, allergies, etc.) that may affect your child's activity with GALA. This information will be kept strictly confidential.

