



Christian Performance Theatre

STUDENT

MEDICAL AND PHOTO RELEASE

For August 2025 through July 2026

-USE DARK INK-

*****Only one copy needed for the year from August through July*****

Student _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____ Phone _____

Parent/Guardian _____ Phone _____

Other Contact _____ Phone _____
(if parents/guardians are unavailable in case of emergency)

Insurance Co., Policy #, Phone

Primary Care Physician _____ Physician's Phone _____

Student's Medical Information (allergies, medications, special needs, etc.)

Adult in charge may give my child: **Acetaminophen:** Yes No **Ibuprofen:** Yes No **Dose:** Child Adult

I understand Christian Performance Theatre (CPT) does not carry Workman's Compensation Insurance for participants or volunteers. If you or your child should suffer an injury or become ill due to participation in a CPT sponsored activity, you will be personally responsible for your medical or injury related expenses.

I give permission for the student named above to participate in CPT classes, camps, rehearsals, and other CPT sponsored activities.

I give permission to the designated adult supervisor in charge to secure emergency medical treatment for the student named above. I also agree to hold CPT and/or their assignees harmless in the event of an injury or accident.

Signature _____ Date _____
(parent/guardian)

PHOTO/SOCIAL MEDIA RELEASE

I hereby authorize and consent that CPT shall have the absolute right to copyright, publish, use, sell, or assign any and all photographs, portraits, or pictures, television spots, movie films, videotapes and/or sound recordings, or any part thereof, that have been taken of the student (and which may include their immediate families) in whole or in part.

Signature _____ Date _____
(parent/guardian)