

**UPTOWN ARTS WAIVER AND RELEASE AGREEMENT  
PARENT/GUARDIAN CONSENT FORM**

I agree to hold harmless Uptown Arts and its officers, directors, employees, staff, volunteers, participants and all other persons and entities, including, but not limited to any other person or entity that provides or is in any way involved in the providing any program or activity to my child, regardless of where any such program or activity is held, and all of their heirs and successors ("Releasees") from and against all claims, actions, demands, liability and expenses (including attorneys' fees) ("Claims") arising from or in any way relating, directly or indirectly, to any programs or activities held at or conducted by Uptown Arts, or conducted by any other person or entity that is offered, arranged, or made available by or through Uptown Arts or any Releasee regardless of where such program or activity is held. I, on behalf of my child and for myself, also release and waive all Claims against all Releasees arising from or in any way relating to any such programs or activities.

I agree to have any pictures or recordings of my child included in newspapers, magazines or other types of publications or publicity that is used to help promote the programs of Uptown Arts.

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

\_\_\_\_\_  
Print Parent's/Guardian's Name

\_\_\_\_\_  
Date

**X** \_\_\_\_\_  
Parent's/Guardian's Signature

**EMERGENCY HEALTH AND ACCIDENT INFORMATION**

It is important that staff working with your child know of any medical or emotional conditions so that they can be of assistance in the event of an emergency. THIS INFORMATION WILL BE HELD CONFIDENTIAL.

Please list any allergies and/or medical conditions, such as asthma, diabetes, ADD, etc.:

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

List any prescription drugs your child is currently taking:

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

In the event of any emergency, Uptown Arts or their associated program providers will contact the parent/guardian listed on your child's registration form.

Uptown Arts and their associated program providers **have my permission**, in an emergency situation where I cannot be contacted, to take my child to the emergency room of the nearest hospital on my behalf, and the hospital and medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.

**X** \_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

**OR**

Uptown Arts and their associated program providers **DO NOT have my permission**, in an emergency situation where I cannot be contacted, to take my child to the emergency room of the nearest hospital on my behalf. In the event of illness or injury requiring emergency treatment, I wish Uptown Arts to take the following action:

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date