



## Shining Stars 2017-2018 Information Form

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Legal Parent and/or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

Child's School and Grade \_\_\_\_\_

Emergency Contacts and Phone Numbers \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Please describe your child's medical conditions and special needs \_\_\_\_\_

\_\_\_\_\_

How can we best meet the needs of your child in this class? \_\_\_\_\_

Please comment on any of the following that apply to your child: (in the past or currently)

Have cervical spine x-rays been done for Atlantoaxial Instability? Yes \_\_\_\_\_ No \_\_\_\_\_

Heart Condition \_\_\_\_\_

Seizures/Epilepsy \_\_\_\_\_

Visual Difficulties \_\_\_\_\_

Speech Difficulties \_\_\_\_\_

Bone or Joint Conditions \_\_\_\_\_

Names of any medications currently being taken \_\_\_\_\_

Allergies to any medications \_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_



## Shining Stars 2017-2018 Waiver

### LIABILITY RELEASE

In consideration of receiving permission to enter the Chamberlain Performing Arts, the undersigned hereby releases, discharges and forever acquits, the Chamberlain Performing Arts, their respective agents, officers, directors, servants, and employees of and from any and all liability, claims, demands, actions, and causes of action whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by the undersigned and any participant in, person at, or to the property of the undersigned while either participating in or being present at the class including, but not limited to, those injuries and damages caused by negligence whether it be active or passive, gross, wanton, or ordinary on the part of the school, its respective directors, offers, agents, servants, and employees arising from the undersigned while participating in or being present at the class. This release shall be binding upon the assignees, suborders, distributees, heirs, next of kin, executors, and administrators of the undersigned and may be pled by the school in any complete bar and defense against any claim, demand, action, or cause of action by or on behalf of the undersigned. By execution of this release, the undersigned hereby acknowledges and expressly represents that: 1) He (She) is duly aware of the risks inherent upon entering the class; 2) He (She) elects voluntarily to enter, participate or be present at the class; 3) He (She) is over 18 years of age and of sound mind; or that he (she) is younger than 18 years of age, he (she) is represented by a parent or legal guardian who is over 18 years of age, and of sound mind who has read all the foregoing release, understands it and signs it voluntarily.

\_\_\_\_\_  
Signature of legal parent and/or guardian

\_\_\_\_\_  
Date

### ARTIST/STUDENT CONSENT AND RELEASE AGREEMENT

Artists and students in the Chamberlain Performing Arts Company are photographed and videotaped during the productions, performances, Company-sponsored activities, and occasionally during class or rehearsals. In order to guarantee the privacy of your child, we ask that you review and sign this form allowing the Company to use your child's name, picture, likeness, performance, work, voice, verbal statement or written statement in the Company website, Company publications, Company marketing materials or local press coverage. These pictures, videos, and publications may or may not personally identify the artist and may be used by the Company in subsequent years.

### AGREEMENT

The artist, students in our outreach programs and parent/guardian release to the Chamberlain Performing Arts Company ("The Company") the name, picture, likeness, performance, work, voice, verbal statement or written statement and consent to their use by The Company.

The Company agrees that the artist's/student's name, picture, likeness, performance, work, voice, verbal statement or written statement shall only be used for public relations, public information, Company promotion, publicity, and instruction in the Company website, Company publications, Company marketing materials or local press coverage.

The artist/student and parent/guardian understand and agree that:

1. No monetary consideration shall be paid.
2. Consent and release have been given without coercion or duress.
3. This agreement is binding upon heirs and/or future legal representatives.
4. The photo, likeness, video, or statements may be used in subsequent years.
5. The Company has no control of media use of pictures/statements that are taken without permission.

If the artist/student and parent/guardian wish to rescind this agreement they may do so at any time with written notice to:

Megan Taylor  
Director of Outreach  
Chamberlain Performing Arts  
3003 W. 15th St.  
Plano, TX 75075

Artist/Student

Parent/Guardian

Printed Name

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

\_\_\_\_\_