



EMERGENCY CONTACT FORM

STUDENT'S FIRST AND LAST NAME: \_\_\_\_\_

STUDENT'S AGE: \_\_\_\_\_

DO THEY HAVE ANY ALLERGIES?: \_\_\_\_\_

\_\_\_\_\_

ANY MEDICAL INFORMATION WE SHOULD KNOW ABOUT?

\_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PHONE NUMBER: #1 \_\_\_\_\_

SECONDARY CONTACT: \_\_\_\_\_

PHONE NUMBER: #1 \_\_\_\_\_

NAMES OF THE PEOPLE WHO HAVE PERMISSION TO PICK THEM UP

(Please include yourself and anyone who may be picking your child up)

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

#4 \_\_\_\_\_

\*\*\* ARE THEY ALLOWED TO LEAVE ALONE? (Example - walking home) **Yes** / **No**



PERFORMER RELEASE FORM

I grant SITKA STAGE & SCREEN - Allyson Leet, Katie Clarkson & Laurel Moffat the right to record video, record voice and take photographs of myself and/or my child and my property as deemed fit by SITKA STAGE & SCREEN for the sole purpose of the class and/or workshop stated below.

CLASS OR WORKSHOP NAME: \_\_\_\_\_

I detail below my authorization to allow SITKA STAGE & SCREEN, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I detail below my authorization to allow SITKA STAGE & SCREEN to use such video, voice recording and/or photographs of me and/or my child with or without my name and for any lawful purpose; including such purposes as publicity, illustration, advertising and web content.

**PLEASE CHOOSE ONE**

- Sitka Stage & Screen may use any and all footage taken of myself and/or my child for the purpose of advertisement and/or promotion.
- Sitka Stage & Screen may only use the below outlined footage taken of myself and/or my child for the purpose of advertisement and/or promotion.
- Sitka Stage & Screen may not use any footage taken of myself and/or my child for the purpose of advertisement and/or promotion.

STUDENT'S FULL NAME: \_\_\_\_\_

GUARDIAN FULL NAME : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_

DATE: \_\_\_\_\_



ADDITIONAL PERFORMER RELEASE

I grant SITKA STAGE & SCREEN - Allyson Leet, Katie Clarkson & Laurel Moffat the right to record video, record voice and take photographs of myself and/or my child and my property as deemed fit by SITKA STAGE & SCREEN for the sole purpose of the class and/or workshop stated below.

CLASS OR WORKSHOP NAME: \_\_\_\_\_

I agree that SITKA STAGE & SCREEN may film and distribute the final class materials to guardians of the class participants. I'm aware that once the files have been distributed, SITKA STAGE & SCREEN no longer has control over the whereabouts of the files.

STUDENT'S FULL NAME: \_\_\_\_\_

GUARDIAN FULL NAME : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_

DATE: \_\_\_\_\_