



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**



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

- 1. Sitka Stage & Screen may use any and all footage taken of myself and/or my child for the purpose of advertisement and/or promotion.

OR

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

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 FIRST & LAST NAME: _____

GUARDIAN FIRST & LAST NAME : _____

SIGNATURE : _____

DATE: _____