



## **Student Release Forms**

### **DO NOT SUBMIT THESE FORMS EARLY.**

Please complete these forms and turn them in at the beginning of the first day of class. Sorry, we cannot accept forms early. Students whose forms are not received on the first day of class will not be able to participate. *We need new forms for every class/session, even if your student recently participated in a recent class or camp session.*

Make sure you have read the Student/Location Policies and Refund policies, as well as the contents of this release, before signing.

**POLICIES ARE AVAILABLE AT  
WWW.MAINSTREETTHEATER.COM  
AS ARE ANSWERS TO FREQUENTLY-ASKED QUESTIONS.**

**IF YOUR QUESTIONS ARE NOT ANSWERED IN THE POLICIES  
OR THE FAQ, PLEASE CALL THE EDUCATION OFFICE AT 713-  
524-7998.**

**PLEASE NOTE: IMMUNIZATION FORMS ARE ONLY REQUIRED  
FOR SUMMER CAMP STUDENTS.**



Student's Name: \_\_\_\_\_

Session/Class: \_\_\_\_\_

Year: \_\_\_\_\_

**RELEASE FORM**

*Please fill out a separate form for each student. Keep a copy for your records. You must turn in this completed form on the first day of class. (Sorry, we cannot accept forms early.) Your student may not attend class until the Director has received your forms.*

**LIABILITY RELEASE AGREEMENT**

By signing below, I, (Parent) \_\_\_\_\_, on behalf of (Child) \_\_\_\_\_, a minor, hereby release Main Street Theater (MST), a Texas non-profit corporation, and Main Street Theater's directors, agents, employees, subsidiaries, successors, and owners, and any other people officially connected with this program (the "released parties") from any and all liability for damage to or loss of personal property, illness, or personal injury including but not limited to death, occurring during classes and events at or affiliated with Main Street Theater. I understand that by signing below, I am releasing any and all causes of action that I or the above-named student, or our heirs, executors or assigns have had, have, or may have involving the released parties. I acknowledge that MST cannot dispense, monitor, or maintain medication, and I specifically release the released parties from any and all liability resulting from action taken in the event of a medical emergency. I recognize that it is my responsibility to disclose to the Education Director any condition, including but not limited to illness, injury, chronic condition, disability or special need that may influence the above-named student's participation in MST. I further authorize the use or disclosure of personally identifiable health information for the above-named student should emergency treatment for illness or injury become necessary. I understand that the participation in MST classes is entirely voluntary and that the above-named student may be removed from classes at the sole discretion of the Education Director in accordance with MST policies. I understand that MST is required by law to report suspected child abuse, and that any and all information I supply to MST in any form may be passed on to the proper governmental authorities if child abuse is suspected.

**MEDIA RELEASE**

I, the undersigned, give my consent and permission to allow the above-named student to be photographed, filmed, interviewed, or otherwise recorded for marketing and archival purposes (including: future brochures, press releases, websites, publicity, advertising, promotional and/or commercial material) without reservation or limitation . I also consent and allow his/her name, age, school, and ZIP code to be used for the purpose of grants reporting.

**TRANSPORTATION AUTHORIZATION (Only those adults listed on this first page will be listed on the carpool release forms)**

PARENTS/GUARDIANS (OTHER THAN THE PARENT/GUARDIAN SIGNING THIS FORM) MUST BE LISTED BELOW TO BE CONSIDERED AUTHORIZED. I hereby give my permission for the above-named student to be released to the following person(s):

- Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Tel #: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Tel #: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Tel #: \_\_\_\_\_

In signing this agreement I release the released parties from liability once the above-named student is picked up by an authorized adult whom I designate. I understand that changes or additions to this list must be made in writing.

**PARENT ACKNOWLEDGEMENT**

This is to acknowledge that I, (Parent/Guardian) \_\_\_\_\_, am the parent or legal guardian of the above-named student, a minor, and that I am eighteen years of age or older. I acknowledge that I have fully read and understood the information contained in the Main Street Theater **Liability Release Agreement, Media Release, Transportation Authorization, and General Information and Policies** and am responsible for compliance with the policies therein. I am signing this release on behalf of all parents or legal guardians of the above-named student now or in the future. **Furthermore, I assume sole responsibility for informing my child and other adults involved in my child's care of the contents of the Liability Release Agreement, Media Release, Transportation Authorization, and General Information and Policies.**

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



Student's Name: \_\_\_\_\_

**CONTACT FORM**

*Please fill out a separate form for each student. Keep a copy for your records.  
You must turn in this completed form on the first day of class. (Sorry, we cannot accept forms early.)  
Your student may not attend class until the Director has received your forms.*

Parent/Guardian contact information as listed below will be available to the student's teachers. Emergency contact information will remain in the possession of the Director of Education.

ANYONE AUTHORIZED TO PICK UP YOUR STUDENT SHOULD BE LISTED ON THE FIRST PAGE OF THIS PACKET UNDER "TRANSPORTATION AUTHORIZATION."

**(THIS PAGE WILL NOT BE REFERENCED FOR CARPOOL AUTHORIZATION.)**

**Parent/Guardian 1**

Name \_\_\_\_\_  
Telephone Number During Class Hours \_\_\_\_\_  
Home telephone number \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Other phone \_\_\_\_\_  
Email \_\_\_\_\_

**Parent/Guardian 2**

Name \_\_\_\_\_  
Telephone Number During Class Hours \_\_\_\_\_  
Home telephone number \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Other phone \_\_\_\_\_  
Email \_\_\_\_\_

**Other Parent/Guardian**

Name \_\_\_\_\_  
Telephone Number During Camp Hours \_\_\_\_\_  
Home telephone number \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Other phone \_\_\_\_\_  
Email \_\_\_\_\_

EMERGENCY CONTACT AND MEDICAL FORM

Please fill out a separate form for each student. Keep a copy for your records. You must turn in this completed form on the first day of class. (Sorry, we cannot accept forms early.) Your student may not attend class until the Director has received your forms.

Emergency Contact (Not a person already listed; optional)

Name \_\_\_\_\_
Relationship to Student \_\_\_\_\_
Telephone Number During Class Hours \_\_\_\_\_
Home telephone number \_\_\_\_\_
Cell phone \_\_\_\_\_
Other phone \_\_\_\_\_

Physician

- In case of a medical emergency, when parents/guardians and emergency contact above cannot be reached, I authorize you to contact the physician of the above-named student.
I waive the right to list contact information for a physician.

Physician's Name \_\_\_\_\_
Telephone Number \_\_\_\_\_

Insurance

- In case of a medical emergency, when parents/guardians and emergency contact above cannot be reached, I authorize you to use the insurance information below.
I waive the right to list my insurance information.

Name of Primary Policyholder \_\_\_\_\_
Insurance Company \_\_\_\_\_
Group number \_\_\_\_\_
Policy number \_\_\_\_\_
Preferred hospital \_\_\_\_\_

Allergy/Medical Information - We ask for this information so that MST staff may be prepared and can make sure your student has a positive experience!

Please list any illnesses, injuries, or medical/behavioral/learning conditions that may influence this student's participation in our program: \_\_\_\_\_

Known Allergies/Chronic Condition: \_\_\_\_\_

If your child has an allergy or chronic condition, please attach a written Action Plan detailing allergens, symptoms of a reaction, and steps to be taken in case of a reaction; and provide the Director with the necessary medications (such as Benadryl tabs, an Epi-Pen or Emergency Response Kit). Main Street Theater cannot dispense, monitor, or maintain medication for any student EXCEPT in the event of an allergic reaction or asthma attack for which we have received an Action Plan and the necessary medication. In the liability release, you have specifically released us from liability resulting from actions taken in the case of a medical emergency.