

Joleen's Starz of the South
Performing Arts Studio
12618 Hwy 57
Vance, Ms 39565
228-826-3722

Liability Release Form for Season 2017-18

Student Name _____

**I have read and understand all Policies and Procedures of Joleen's Starz of the South Performing Arts Studio. Sign _____*

****PHOTO/VIDEO RELEASE STATEMENT-*** *I give full permission and rights to Joleen's Starz of the South to use photographs or video images of my child, _____ for promotional purposes in advertisement and/or on the studio website and social networks . I acknowledge that this permission will not expire, and photographs or video may be used in the future for anniversaries, reunions, or any other promotional purpose in the future.*

Yes, You may use my child in photos _____

No, Do not use my child in photo _____

****LIABILITY AGREEMENT-*** *I hereby give my permission for _____ to participate in activities and functions throughout the season if able. I do hereby release the instructors, owner, and Joleen's Starz of the South from any liabilities real or other due to any injuries or accidents while performing, practicing or participating in any activities or events on the property of Joleen's Starz of the South and/or scheduled performance venues.*

Parent/Guardian Signature _____

Date _____

Medical Conditions/Allergies (Please list food also) _____

Physician Information in case of emergency _____ Phone _____

Family Emergency Contact (other than yourself) _____ Phone _____