

**ORLANDO YOUTH THEATRE!**  
**Medical Release Form**

The undersigned, who is the parent/legal guardian of

\_\_\_\_\_ a minor (hereinafter referred to as "Student"), on behalf of himself/herself and Student, their personal representative, assigns, heirs and next of kin.

1. Hereby releases, waives, discharges and covenants not to sue **THE ORLANDO YOUTH THEATRE!** (OYT), their officers, employees and agents, all for purposes herein referred to as the Theatre, from all liability, to the undersigned and Student, their personal representatives, assigns, heirs and next of kin, for all loss or damage and/or claims, demands, causes of actions or suits of any kind therefore, particularly on accounts of injury to the person or property or resulting in the death of Student, while Student is a participant;

2. Hereby agrees to indemnify and save and hold harmless the Theatre from any loss, liability, damage, or cost they may incur while Student is a participant;

3. Hereby assumes full responsibility for and risk of bodily injury, death or property damage while Student is a participant;

4. Hereby agrees that if any portion of the Agreement is held invalid, that the balance shall, notwithstanding, continue in full legal force and effect.

\_\_\_\_\_  
Signature of Parent/ Legal Guardian

\_\_\_\_\_  
Month/Day/Year

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**MEDICAL INFORMATION**

In the event Student becomes ill, I authorize the OYT directors and/or instructors to obtain medical attention at a physician's office or hospital. Student is covered by the following medical insurance:

Insurance Co. Name \_\_\_\_\_ Group# \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_ Insurance Co. Phone \_\_\_\_\_

Allergies \_\_\_\_\_ Chronic/Acute Illnesses \_\_\_\_\_

\_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Orthodontist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO REACH ME BEFORE MEDICAL PERMISSION IS GIVEN TO MY CHILD.**

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian