



2019 Summer Camp/Class Liability Release Form (Medical/Photo)

This form is to authorize Devine Performing Arts, their agents, representatives and employees (hereinafter "DPA") to obtain emergency medical assistance and to provide transportation for the child herein below names, and to release DPA from liability for injuries to children while on DPA's premises or otherwise in the care of the DPA staff members.

In the event that I/we cannot make arrangements for emergency medical attention at the time of the illness or accident of my child, I hereby authorize any agent, representative or employee of DPA to retain the services of a doctor or other competent medical person in order to treat the said minor.

The undersigned further agrees to be financially responsible for all such medical services, including the cost of defense and enforcement of this indemnity agreement. I further understand and agree that DPA, its agents, representatives, or employees may administer simple first aid in the event of minor injuries, and family members or doctors will be called when in the discretion of DPA personnel, if it is deemed necessary.

I/we represent that I am parent/guardian of _____ and am fully responsible for the care and well-being of the child. I agree that DPA shall not be liable for any damages, claims or compensation of whatever nature (including liabilities for negligence, strict liability, or otherwise) that may arise to me or for my benefit, in the name of or for the benefit of the child, or in the name of or for the benefit of any other person as a result of personal injury to the child named above while the child is on the premises of DPA or otherwise in the care of DPA personnel, including any such injuries sustained while the child is being transported as herein authorized, and hereby agree to indemnify and hold harmless DPA, its agents or employees, whether paid or volunteer, against any and all claims which may arise from any injury to said child while participating in or being transported to programs of the school.

I/We acknowledge that my child may be videotaped or photographed for education, performance or advertising purposes.

I/we have read the foregoing and agree with it in all respects.

Printed Name

Date

Signature