



Muckenthaler Multi Art Summer Camp Photo & Medical Release Form

All students must complete this form to participate in M.A.S.C

Contact Information

Student Name

Age

Guardian Name

Address

City

State

Zip

Email

Please check this box if you do NOT want to receive email updates.

()

Cell Phone

()

Work Phone

()

Home/Other Phone

Please circle
emergency contact

Physician Information

Student's Physician Name

Address

()

Physician's Phone

City

State

Zip

Medical Information

Blood Type:

Female Male

Please list all Allergies

Please list all Medical Conditions or Restrictions



I, _____ the parent/legal guardian give my permission for the student (child's name) _____ to participate in the Muckenthaler Cultural Center Foundation's Multi Art Summer Camp.

I have listed the student's (mine or my child's) allergies and medical condition(s) or restriction(s) on this form, including the name and telephone number of the student's physician or health care facility.

In the event the student becomes ill or injured and requires immediate medical attention, I hereby authorize the Muckenthaler Cultural Center and its Education Partners, their agents or employees to consent to on my behalf to x-rays, examinations, anesthetic, medical or surgical procedures, treatment or hospital care, deemed necessary and advisable by and rendered under the supervision of any physician or surgeon licensed under the provisions of the state of California or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of the physician or hospital.

I understand and agree that this consent to treatment in advance, following the provisions of California Family Code §6910 does not relieve me of any and all financial responsibilities for such treatment.

I further agree to waive, release, absolve, indemnify and hold harmless, to the full extent permitted by law, the Muckenthaler Cultural Center, American Martial Arts Academy, and its Education partners, including their officers, agents and employees, from any and all liability and/or claim of injury arising out of class/camp activities, including but not limited to transportation to and from the activities, whether the result of negligence or for any other cause, for the duration of this class/camp.

I have read and understand the provisions and legal significance of this form and I voluntarily waive any rights, claims or actions regarding personal injury, losses or damages.

I, the undersigned, do hereby consent and agree that the Muckenthaler Cultural Center, its employees, or agents have the right to take photographs, videotape, or digital recordings of myself or my child (the student) and to use these in any and all media, now or hereafter known, and exclusively for the purpose of publicity of its programs. I further consent that my or my child's (the student's) name and identity may be revealed therein or by descriptive text or commentary. I do hereby release to the Muckenthaler Cultural Center, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my or my child's identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording my child, either for initial or subsequent transmission or playback. I also understand that the Muckenthaler Cultural Center is not responsible for any expense or liability incurred as a result of my or my child's participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

Signature

Date

Printed name