



Emergency Information, Medical Release and Liability Waiver

Name: _____ DOB: ____/____/____

Parent/Guardian Name: _____ Email: _____

Address: _____
(# and Street Name) (City) (State) (Zip)

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Physician Name: _____ Phone: _____

Physician Address: _____
(# and Street Name) (City) (State) (Zip)

Special Medical Information/Restricted Activities: _____

Allergies: _____ Immunizations Up-to-date? Yes No

Date of Last Tetanus (If known): ____/____/____

Is he/she taking any medications? Yes No

Specify: _____



PLEASE INITIAL:

_____ I hereby affirm that I understand that participation in any program that involves physical activity or use of tools may expose my child to certain risks and dangers.

_____ I hereby affirm that my child has no conditions that would make it unsafe to participate in the class.

_____ I hereby affirm that if my child(ren) show any symptoms of illness, he/she will not attend that day.

PLEASE CHECK ONE:

Photography Release: I hereby grant permission to Piedmont Technical College and Russell Technology Center to use my appearance, performance, voice, or likeness in any media for the purpose of promotion, marketing, or publication. I understand that no compensation will be awarded for the use of my photograph.

___ I accept ___ I decline photography release for my child

I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN Piedmont Technical College, MODELS Academy, its trustees, officers, employees, agents, and contractors from all legal or financial responsibility for personal injury, disability, illness, medical expense or death, arising from my child's participation in the MODELS Academy Summer Institute.

Print Name: _____

Signature of Parent/Guardian: _____

Date: _____