



### **MEDICAL INFORMATION & FOOD ALLERGIES**

Please list any medical conditions that may affect your child’s participation, as well as any food allergies:

---

---

---

### **ASSUMPTION OF RISK AND RELEASE FOR LIABILITY**

Knowing that participation in the PPAC educational program (“Program”) entails risks, such as, but not limited to, sickness and/or injury, and in consideration of my child being permitted to participate in the Program, I hereby release the Providence Performing Arts Center (“PPAC”) and any of its subsidiaries, affiliates, employees, agents, independent contractors, members, trustees, directors and/or officers (“Releasees”) from any and all costs, claims, injury, illness or liability resulting from my child’s participation in the Program (“Claims”). Program activities include, but are not limited to, any activities in which my child may participate such as classes in singing, acting, dancing, physical comedy, stage craft, staging, theatrical mask work, warm-up exercises, breaks and/or any other activities in any way related to or a part of the Program. I grant the PPAC staff permission to contact emergency services and authorize treatment should my child become injured, and I am unable to provide direct authorization for services and I hereby release the Releasees from any Claims related to such contact or authorization.

### **MEDIA RELEASE**

Participants are sometimes photographed and videotaped for use in PPAC promotional and educational materials. I authorize PPAC to record the image and voice of my named child and grant PPAC and all persons or entities acting pursuant to PPAC’s permission or authority, all rights to use of these recorded images and voices. I understand such images and/or voices will be used for educational, advertising, and promotional purposes in all conventional and electronic media. I also authorize such use of any printed materials in connection therewith. I understand and agree that these images and recorded voices may be duplicated, distributed with or without change, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

\_\_\_\_\_  
Print participant’s name:

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

\_\_\_\_\_  
Print name of Parent/Guardian

Dated: \_\_\_\_\_

A signed copy of this document must be turned in to:

**Dana Brazil**  
**Director of Education**  
**Providence Performing Arts Center**  
**220 Weybosset Street**  
**Providence, RI 02903**  
[dbrazil@ppacri.org](mailto:dbrazil@ppacri.org)