2015 Authorization & Waiver Form

Please review, complete, and sign. One or both parents or guardians must sign. This form must be turned in before or at the first day of the session. No student will be allowed to participate without this form.

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1. EMERGENCY AUTHORIZATION FORM

I/We_____ are the parent(s) (custodial parent) or guardian(s) of _____ who is participating in C-R KIDS programming at the Cohoes Music Hall and C-R Kids Performing Arts School. In the event I/We cannot be reached, I/We authorize the Program Directors or the acting person in charge of the program to make decisions regarding the emergency care of treatment of _____, including seeking an approving medical treatment. This Emergency Authorization is valid from _____ to _____, the dates of the program.

_____	_____	_____
Date	Signature of Parent or Guardian	Relationship to Participant
_____	_____	_____
Date	Signature of Parent or Guardian	Relationship to Participant

Emergency Contact Phone Number: _____

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2. WAIVER OF LIABILITY FORM

In consideration of the use of certain Cohoes Music Hall and C-R Kids Performing Arts School, the undersigned understands that, as the parent(s) or guardian(s) of the participant, he/she/they is/are assuming full risk of injury arising from the use of these facilities.

Any personal belongings that _____ brings with him/her to the Cohoes Music Hall or C-R Kids Performing Arts School, is at his/her risk and is not the responsibility of the Cohoes Music Hall or C-R Kids Performing Arts School. Further, the Cohoes Music Hall, C-R Kids Performing Arts School, and C-R Productions' insurance coverage do NOT cover these items.

I/We understand and agree that C-R Productions, C-R Kids Performing Arts School, and the program personnel will provide _____, my/our child or ward, with instructions on any limitation to his/her participation as disclosed by the medical history report form. I/We am/are aware that C-R Kids programs are athletic, which involves physical activity. My/our child or ward participation in this activity is with the knowledge that even when working slowly and safely on age appropriate skills within a safe environment there is always the potential for minor injuries.

_____	_____	_____
Date	Signature of Parent or Guardian	Relationship to Participant
_____	_____	_____
Date	Signature of Parent or Guardian	Relationship to Participant

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3. WAIVER OF PUBLICITY FORM

I, the undersigned, give permission for the use of any photos, movies, and audio or video tapings of my child's activities in the Cohoes Music Hall, C-R Kids Performing Arts School and C-R Kids. The material so obtained may be employed with C-R Productions and the Cohoes Music Hall for educational purposes, media coverage or for publicity benefiting education.

_____	_____
Date	Signature of Parent or Guardian