

**INFORMATION FORMS -2019 Keeton Kids Camp**

**Emergency, Medical, Liability and Media Release**

**Camper's Name:**

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**Emergency Contact(s), Numbers, Relation to camper**

**1** \_\_\_\_\_

**2** \_\_\_\_\_

**3** \_\_\_\_\_

**Camper's Primary Physician(s), Phone Number(s):**

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**ALLERGIES (FOOD, MEDICATIONS, ETC) & REACTION MANAGEMENT,  
TREATMENT, EMERGENCY OR OTHERWISE.**

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**I agree that staff of SCA, The Larry Keeton Theatre, FiftyForward, FiftyForward Donelson Station and Keeton Kids Camp may administer any and all minor first aide AND any major first aide and /or allergy reaction management listed above if deemed necessary, to my child/children in the event of minor, major and or allergy injuries that may occur during the course of the regular camp day and during before and/or after care and or during the tech weeks, rehearsal and performances. \_\_\_\_\_**

**I acknowledge that my camper suffers from the following medical/behavioral conditions and takes the following medications to support their management of the conditions.**

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**We cannot require you remit behavioral medical information. However, it is helpful if medical treatment is necessary and if the need for redirection/conflict resolution arises within the camp time, as often does in any life/classroom setting.**

**For the wellbeing and health of your child during the camp day, will you the parent or guardian need the staff of SCA ,The Larry Keeton Theatre, FiftyForward, FiftyForward Donelson Station and Keeton Kids Camp to dispense legal, doctor prescribed oral prescription medications, to your child? \_\_\_\_\_**

**If YES, SCA, The Larry Keeton Theatre, FiftyForward, FiftyForward Donelson Station, and the Keeton Kids Camp requires a notarized physician’s office generated, physician signed list and dosage directions of any and all medications necessary for your child.**

**SCA, The Larry Keeton Theatre, FiftyForward, FiftyForward Donelson Station and the Keeton Kids Camp has the right to determine if administering requested medications to your child/children falls within our scope of duties, ability and liability.**

**Additionally, by requesting the camp time dispensing of any oral medication to your child by the staff of SCA, The Larry Keeton Theatre, FiftyForward, FiftyForward Donelson Station and Keeton Kids Camp, you the parent and or guardian agree to hold harmless SCA, The Larry Keeton Theatre, FiftyForward, Fiftyforward Donelson Station, Keeton Kids Camp and any and all parties associated with the listed organizations, responsible in any way if complications, injury or death arise from the parent/guardian requested dispensing of prescribed medications to your child/camper.**

**Signed/Date**

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**Print Name**

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I, \_\_\_\_\_ as the parent of legal guardian of the \_\_\_\_\_ do hereby warrant and represent that (i) I have fully read and understand this Agreement (ii) that I have the right to enter into this Agreement and that (iii) my child's immunizations are up to date and a record of such immunizations is on file and his/her primary physician's office. I acknowledge that compliance with the information and/or instructions listed herein by Senior Center for the Arts (SCA) and/or the Larry Keeton Theatre, FiftyForward, fiftyforward Donelson Station, and the Keeton Kids Camp involves a risk of accidental injury despite all safety precautions.

In the event my child becomes sick or is injured while participating in Keeton Kids Theatre Camp or the production of The Wizard of Oz, the Musical at The Larry Keeton Theatre and if neither a parent or legal guardian can be reasonably or quickly contacted, I, as the parent or legal guardian of the child named above, do hereby give permission and authorization (i) to SCA to call an ambulance to transport my child to a local medical facility or hospital, (ii) to the medical personnel and physicians who may administer necessary treatment, (iii) to SCA to release any information noted on this agreement or on the registration form filed at SCA for camp registration to any physician, medical facility, hospital, medical personnel or staff member of SCA and (iv) to pay authorize payment of all costs for my child's medical needs.

I, as the parent or legal guardian of the child named above, do hereby (i) assume all risks and hazards incidental to Keeton Kids Theatre Camp and participation in The Larry Keeton Theatre at SCA agree to reimburse, indemnify and otherwise hold SCA and The Larry Keeton Theatre and staff harmless for all costs or expenses incurred or authorized herein (iii) release from responsibility and agree to indemnify and hold harmless SCA, The Larry Keeton Theatre and staff, FiftyForward, its officers, directors, independent contractors, volunteers and all employees in the event that I am in breach of any of my warranties, representations, affirmations or authorizations set forth or otherwise implied by this Agreement.

Print \_\_\_\_\_

Sign \_\_\_\_\_  
Parent/Legal Guardian Signature

Date \_\_\_\_\_

## **Appearance Release Summer 2019**

**I understand that SCA/The Larry Keeton Theatre from time to time produces promotional material relating to its programs. I understand as a participant and/or spectator in Keeton Kids Theatre Camp that my camper may be included in videotapes, photographs, DVD's, podcasts and video casts taken during the camp. Therefore, without reservation or limitations, I, in my own behalf and on the behalf of the Minor (camper), hereby assign, transfer and grant to SCA and The Larry Keeton Theatre, it's successors, assignees, licensees, sponsors, any television networks and all other commercial exhibitors the exclusive right to photograph and or videotape the Minor (camper) and to utilize such videotapes and photographs and Minor's name, face likeness, voice and appearance as a part of the Camp and production of The Larry Keeton Theatre in advertising and promotion of the Camp or Production or in advertising and promotion of similar future events. I further understand that neither SCA, The Larry Keeton Theatre, nor any third party in under any obligation to exercise any of the foregoing rights, licenses and privileges. I, in my own behalf and on behalf of the Minor (camper), waive any right to inspect or approve the copies of any promotional materials released thereto.**

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**Parent/Legal Guardian Signature**

**Date**

**Relationship to Minor (camper)** \_\_\_\_\_