

**KENNEDY HEIGHTS ARTS CENTER  
STUDENT EMERGENCY INFORMATION AND RELEASE FORM**

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Student Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Age, Grade & School (if applicable) \_\_\_\_\_

Phone (work or cell) \_\_\_\_\_

Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Email \_\_\_\_\_

***PHOTO RELEASE (ALL Students)***

I hereby grant to Kennedy Heights Arts Center the right and license to use my and/or my child(ren)'s name, image, likeness, artwork (including all visual, digital, audio, video, and performance works) and comments in the Kennedy Heights Arts Center materials for internal and external audiences. These materials include, but are not limited to, advertisements, brochures, news releases, magazines, newspapers, newsletters, videos, websites, and social media sites.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***RELEASE/PERMISSION FORM***

I hereby release and hold harmless the Kennedy Heights Arts Center, its Board of Directors and employees from any and all liability for any injuries, loss or other claims arising out of participation in this program. In the event that serious injury should occur involving myself and/or my child(ren), I wish for the Kennedy Heights Arts Center to take all appropriate steps to notify me, or the emergency contact listed below, immediately of the event. However, if I am inaccessible for any reason, I authorize whatever medical attention is deemed appropriate for myself and/or child(ren). I agree to the terms of this consent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***EMERGENCY CONTACT INFORMATION:***

Please list two people whom we can contact in the event of an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

***In addition to the parents/guardian, the Kennedy Heights Arts Center is authorized to release my child(ren) at the end of the class to the following persons\*\*\****

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

\*\*\*I understand and agree that my child(ren) will not be released after class/camp until picked up by me or any persons listed above, unless I speak directly to an authorized Kennedy Heights Arts Center staff member and give specific instructions.

***PLEASE LIST ANY MEDICAL CONDITIONS/ALLERGIES:***

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