

**ASUMPTIONS OF RISK AND RELEASE
FOR ACTIVITIES IN CONJUNCTION WITH
PANTERAS INDEPENDENT PERFORMANCE ENSEMBLE**

In consideration of being permitted to participate in auditions/rehearsals/performances with Panteras Independent Performance Ensemble;

I, _____ do hereby agree to assume all the risks and responsibilities thereto. Further, I hereby represent to Panteras Independent Performance Ensemble that I am capable of participation in this activity and understand that participants should consult a physician prior to any demanding physical activity and I hereby recognize the risks of illness and injury inherent in any activity based program, and I am participating upon the express agreement and understanding that I do for myself, my heirs, and personal representatives agree to defend, hold harmless, indemnify, release, and forever discharge Panteras Independent Performance Ensemble, its respective director, instructors, representatives, members, and employees from and against any and all rights, claims, demands, and actions or causes of action, including attorney's fees and court costs due to damage to personal property, personal injury, or death which may result from my participation in the audition/rehearsal/performance with Panteras Independent Performance Ensemble. I also agree to hold harmless any location or facility, and its owners, directors, employees, representatives, and management, in which these auditions/rehearsals/performances are held.

By my signature below, I hereby confirm my understanding of this release statement holding Panteras Independent Performance Ensemble harmless, and acknowledge that participants are encouraged to obtain full insurance coverage prior to participation in the audition/rehearsal/performances.

I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT AND AGREE TO ALL TERMS AND CONDITIONS FOR PARTICIPATION IN PANTERAS INDEPENDENT PERFORMANCE ENSEMBLE AUDITIONS, REHEARSALS, AND/OR PERFORMANCES. IF A PARTICIPANT IS OFFERED A MEMBERSHIP POSITION, THEY WILL BE GIVEN A SEPARATE MEMBERSHIP CONTRACT FOR SIGNATURE. THIS FORM IS NOT A MEMBERSHIP CONTRACT.

PARTICIPANT'S SIGNATURE

DATE

I, THE UNDERSIGNED, BEING THE PARENT, LEGAL NEXT OF KIN, OR LEGAL GUARDIAN HAVE READ AND CONFIRMED MY UNDERSTANDING OF THIS REALESE OF LIABILITY

PARENT/GUARDIAN SIGNATURE
(IF PARTICIPANT IS UNDER 18 YEARS OF AGE)

DATE

PANTERAS INDEPENDENT PERFORMANCE ENSEMBLE Medical Release Form

This form applies to ALL activities of the Panteras Independent Performance Ensemble during the rehearsal and competition season. It is required of everyone participating in the guard.

- Fill in **ALL** information.
- Attach a copy of a picture ID of the participant (driver's license), as well as a copy of the participant's insurance card.

*****Do not alter this form. Sign it as is. We do need the participants Social Security number due to the fact that most hospitals still require this information.***

Participant Name

Gender

Birth Date

Address

City

State

Zip Code

Phone Numbers:

(Home) _____ (Cell) _____

(Work) _____ (other) _____

Health Insurance Information:

Insurance Carrier

Policy Number

Group Number

Emergency Contact:

Name _____

Relationship to Participant _____

Phone Number _____

Current medications:

Participants are responsible for keeping up with the containers and dosage distributions of all over-the-counter medications and simple prescriptions (antibiotics, cold medicine, etc.), as well as all narcotics and similar medications needed for more serious medical conditions belonging only to themselves. Each medication MUST be in its original container. Participants are not to be in possession of any medication that is not prescribed to them.

Current medical problems and/or medications being taken

The mentioned participant may be given non-prescription medication such as ibuprofen, aspirin, or antacid from the medical kit by a staff member if necessary (initial).

Yes No
If this is left blank, the answer is no.

Allergies (including medication)

: _____

Please check if you have had any of the following in the past **FOUR YEARS**:

- Asthma Hepatitis Epilepsy Bronchitis
 Stroke Heart Attack Angina-chest pain
 Ulcers- stomach/ intestinal Fractures or broken bones
 Fainting/ dizzy spells Diabetes Shortness of breath
 Other, (please explain on separate form)

Physicians Name

Telephone

I understand that the mentioned participant, _____,
Will be participating in activities with the Panteras Independent Performance Ensemble . If
the mentioned participant becomes sick or injured while participating in guard activities, I
give permission for the director or member of the staff to authorize medical treatment for
him/her if I cannot be reached, or if an emergency situation requires an immediate
decision.I will not hold the director or any member of the staff liable for decisions made or
procedures performed, provided they are following medical advice. I understand that, if
possible, participants with medical problems deemed as minor will be handled at facilities
compliant with my insurance regulations. I also understand that participants with medical
problems deemed as serious will be taken to the nearest available medical facility regardless
of insurance regulations. I assume all financial obligations incurred while treating the
mentioned participant whether authorized by myself, the director, or any other Panteras
Independent Performance Ensemble staff members.

Participant Signature

Date

I, THE UNDERSIGNED, BEING THE PARENT, LEGAL NEXT OF KIN, OR LEGAL GUARDIAN HAVE
READ AND CONFIRMED MY UNDERSTANDING OF THIS AGREEMENT FORM.

Parent/Guardian Signature
(IF PARTICIPANT IS UNDER 18 YEARS OF AGE)

Date

