

**PARENTAL RELEASE**

I, the parent/guardian of the registered student, a minor, agree that I will abide by, and support the rules of *Broadway Kids* under the direction of Robyn Wallwork.

Recognizing the possibility of physical injury associated with children’s activities and play, I hereby release, discharge, and/or otherwise indemnify *Broadway Kids* or Robyn Wallwork, her employees and associated personnel against any claim by or on behalf of the registrant as a result of the registrant’s participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

**CONSENT FOR MEDICAL TREATMENT**

As the parent of legal guardian of the below named student, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine, or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of my dependent.

Name of Registrant/Student\_\_\_\_\_

Signature of Parent or Guardian\_\_\_\_\_

Date:\_\_\_\_\_

**RELEASE OF PHOTOGRAPHED IMAGE**

I give Broadway Kids permission to use my child’s image, which might entail being published in the newspaper, website or social media. *Broadway Kids* promises not to publish names with the pictures unless approved by the parent/legal guardian.

Signature of Parent or Guardian\_\_\_\_\_