



Denver Center Theatre Academy

At the Denver Center Theatre Company
1101 13th Street, Denver, CO 80204
Phone (303) 446-4892 Fax (303) 623-0693

Emergency Treatment & Liability Release Form

Students Name

Week(s) Attending

Emergency/ Medical Information:

Primary Emergency Contact Name

Daytime Phone #

Cell Phone #

Secondary Emergency Contact Name

Daytime Phone #

Cell Phone #

Alternate Emergency Contact Name

Daytime Phone #

Cell Phone #

Please describe any special medical concerns or Allergies

Medications

Frequency of Medications

Physician

Phone #

The undersigned parent(s) or legal guardian(s) of the above named child, do hereby consent and grant to the Denver Center Theatre Academy, an Education Department of the Denver Center for the Performing Arts, program staff, faculty or medical physician(s) the authority to seek, obtain, approve, and provide any medical treatment for the above-named child, which in their judgment is necessary for the health and well being of the child during his or her participation in the Denver Center Theatre Academy program. The undersigned further give the above-referenced individuals and entities permission to secure emergency medical and/or surgical treatment to the child and to transport child to appropriate medical facilities, if necessary, while attending and participating in the program. The undersigned further agree to release, hold harmless, and indemnify the Denver Center Theatre Academy, an Education Department of the Denver Center for the Performing Arts, program staff and faculty, from any claims or damages which may arise from any accident or loss, however caused.

Parent/Guardian Signature

Date

**PLEASE BRING FORMS ON FIRST DAY OF CLASS
(Please See Reverse Side)**