

BEAT CLASS REGISTRATION / RELEASE FORM



STUDENT'S NAME: _____

DATE OF BIRTH: ____/____/____ AGE _____

FOR CLASS INFORMATION WE MAY NEED TO CONTACT YOU BY PHONE OR EMAIL

HOME PHONE _____ CELL PHONE _____

E-MAIL _____

DO YOU WANT TO BE ADDED TO BEAT'S NOTIFICATION OF CLASSES, AUDITIONS, PERFORMANCES? Y N

PARENT/GUARDIAN NAME(S) _____

EMERGENCY CONTACT NAME AND PHONE _____

PLEASE LIST ANY HEALTH ISSUES OF WHICH WE SHOULD BE AWARE? _____

LIABILITY, MEDICAL & PUBLICITY RELEASE

I, THE PARENT/GUARDIAN OF THE ABOVE NAMED PARTICIPANT, UNDERSTAND THE POSSIBILITY OF INJURIES RESULTING FROM BEAT ACTIVITIES. I HEREBY ACKNOWLEDGE AND ACCEPT ALL RISKS AND HAZARDS INCIDENTAL TO PARTICIPATION IN SUCH ACTIVITIES. I HEREBY RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS BEAT AND ITS DIRECTORS, EMPLOYEES AND AGENTS. I UNDERSTAND THERE IS NO HEALTH INSURANCE COVERAGE PROVIDED BY BEAT FOR PARTICIPANTS AND THAT SUCH COVERAGE CONSTITUTES A RESPONSIBILITY OF THE PARTICIPANT AND/OR THE UNDERSIGNED. I HEREBY CONSENT TO EMERGENCY MEDICAL TREATMENT OF PARTICIPANT TO ENSURE PROMPT TREATMENT, AND I UNDERSTAND THAT SUCH TREATMENT MAY BE PROVIDED BY EITHER A LICENSED PHYSICIAN OR TRAINED EMERGENCY CARE TECHNICIAN. I CONSENT AND AUTHORIZE BEAT TO TAKE THE PARTICIPANT'S PHOTOGRAPH FOR EDUCATIONAL AND/OR PUBLICITY PURPOSES.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE _____



**ALL CLASSES WILL BE TAUGHT AT THE
NEW BEAT STUDIO LOCATION (1080 SE 9TH ST. STE 120)
(UNLESS OTHERWISE NOTED)**

CLASS(ES) FOR WHICH YOU ARE REGISTERING _____

SEND THIS COMPLETED RELEASE FORM AND CHECK MADE TO BEAT

BEAT'S MAILING ADDRESS:

BEAT
PO BOX 6361
BEND, OR 97708

AMOUNT ENCLOSED _____

BEATCHILDRENTHEATRE.ORG OR 541-419-5558