

# **Integrity Arts & Education - Medical Waiver**

## **MEDICAL EMERGENCY SERVICES ALLOWANCE RELEASE**

In the event that my minor child, \_\_\_\_\_, has need of medical attention, I do hereby give my permission for the staff and sponsors of INTEGRITY ARTS & EDUCATION INC to seek such help, including emergency surgery if the particular medical emergency warrants.

I understand that every effort will be made to contact me or my alternate responsible party before any emergency procedures unless the particular situation does not allow it, due to the threat of loss of life.

**I give my above minor child full consent to attend the activities & classes of INTEGRITY ARTS & EDUCATION INC held at 101 W. Main St., Lakeland, FL 33815, and held at MEDULLA BAPTIST CHURCH on 3930 Old Rd. 37, Lakeland, FL 33813 from AUGUST 1, 2025 through July 31, 2026.**

It is my understanding that the staff and volunteers of INTEGRITY ARTS & EDUCATION INC & MEDULLA BAPTIST CHURCH will take all the necessary precautions to ensure the safety of my child. I do hereby release the above-stated organization(s), including staff, coaches, and volunteers, from any legal or financial obligation due to the injury of my above-named minor child.

Minor's LEGAL Name: \_\_\_\_\_

Minor's Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ or \_\_\_\_\_

Alternate person to contact in case of emergency if the parent can't be reached:

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

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

Allergies & Medical Concerns:

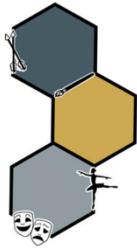
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***I AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.***

Signature of Parent/Guardian: \_\_\_\_\_

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



## **MINOR (CHILD) PHOTO/VIDEO RELEASE FORM**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, grant *Integrity Arts & Education INC* my permission to use any and all photographs and video content acquired at any event or campus school day for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, social media posts and web content. I hereby authorize this permission to be valid for (1) year from the signed date below.

Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_