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, 2026 through July 31, 2027.

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:

_____

_____

I AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

Signature of Parent/Guardian: _____

Date Signed: _____

Integrity
Arts & Education

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: _____