



BEAR ART SCHOOL MEDICAL RELEASE FORM

Bear Art School

P.O. Box 81

Lampasas, TX 76550

Tel: (512) 556-2683

Fax: (512) 556-6225

bearartschool.com

joanie_bear52904@yahoo.com

rbear100@yahoo.com

Class Session: _____

Name of Participant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Tel-1: _____ Tel-2: _____

Medical Release: In the event my child suffers a sudden illness, accident or injury and neither a parent or guardian can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.

Emergency Contact Person: _____ Ph #: _____

Family Physician: _____ Ph #: _____

Medical Insurance Company: _____

Policy #: _____ Group#: _____

Allergies: _____

Release of Liability: The undersigned hereby releases and holds the Bear Art School (BAS), their teachers, administrators, volunteers, and parents participating in any school sponsored activity, events and field trips:

1. From any and all liability for any mishap or injury to the participant named herein.
2. From any injury or damage resulting from the activity, mode of transportation, or the provider of any such transportation whether resulting from an accident or otherwise.
3. From any loss, destruction, or damage to any personal property.

I have read, understand and accept the terms above.

Participant Signature (if age 18 or older) _____ Date: _____

Parent/Guardian (if participant under 18) _____ Date: _____