

New Bern Civic Theatre, Inc.

PO Box 1531  
New Bern, NC 28563

**Medical Release Form**

I, \_\_\_\_\_, do hereby authorize New Bern Civic Theatre to seek emergency medical treatment of my child \_\_\_\_\_.

In case of emergency, please contact \_\_\_\_\_.

Relationship to child \_\_\_\_\_

Phone numbers: \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_ (office)

Please list any medications that your child is currently taking:

---

---

---

Please list history of allergies:

---

---

---

Parent/Guardian agrees to indemnify and hold harmless New Bern Civic Theatre, its agents, members, staff, and guests from and against any and all liability, claims, demands, and judgments for any damages arising out of injuries to my child \_\_\_\_\_.

Occasioned by joint, several, or concurring negligence of any party, including independent contractors, volunteers, or their employees or agents, other than or in addition to New Bern Civic Theatre.

Agree to and accepted, this the \_\_\_\_\_ day of \_\_\_\_\_  
(Month) (Year)

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