



## **Glorify Performing Arts Medical Form/Waiver**

**Please inform GPA if any medical information changes**

LIABILITY In consideration of being permitted to participate in GPA activities, I hereby release, waive, discharge GPA, its parents, subsidiaries or other affiliates, officers, agents, or employees ("Releasees") from any and all liability, claims, demands, actions, and causes of action of any kind or nature arising out of or related to any loss, damage, or injury, including death, that I or any of my property may sustain resulting from participation in or in any way connected with participation in such GPA activities, regardless of whether such loss is caused by the negligence of the Releasees and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, and covenant not to sue the Releasees based on the same.

I understand that participation in GPA involves an inherent risk of personal injury and even death, and I hereby elect to voluntarily participate, knowing that the participation may be hazardous.

<b>Allergies</b>	
<b>Medical/ Special Health Conditions</b>	
<b>Current Medications</b>	
<b>Family Physician</b>	
<b>Physician Phone</b>	

**Please list any physical/psychological limitations or injuries that you may have:**

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**Should I become unconscious, I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for myself. In the event of the above situation I also agree to waive my right to informed consent of treatment.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Glorify Theatrical Productions

Glorify Dance Theatre

Glorify Educational Department