



**STATEMENTS OF
MEDICAL, PARTICIPATION AND
PUBLICITY/PHOTO RELEASE AUTHORIZATION**

Medical Authorization statement

I hereby authorize the staff or parent volunteers of Encore Music Academy to obtain medical treatment for my child in the event of an emergency. I release Encore Music Academy, their employees, and volunteers from any claim of liability in connection therewith.

Participation Authorization statement

I grant permission for my child to attend events and activities of the Encore Music Academy program which he/she is enrolled. I will be notified in advance of such activities.

Publicity/Photo release Authorization statement

I grant permission for my child to be included in Encore Music Academy directories and promotional materials which may include pictures and/or recordings on the Encore Music Academy website and in newspapers.

Please mail this form with payment to:
Encore Music Academy, 461 Pierson Street, Crystal Lake, IL 60014

Phone 815.356.SING (7464), Fax 815.425.1302