



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

Medical Authorization statement

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

Publicity/Photo release Authorization statement

I grant permission to be included in Encore Music Academy promotional materials which may include pictures and/or recordings on website, social media and in newspapers.

Please mail this form with payment to:
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