



GREAT BASIN YOUNG CHAUTAUQUA MEDICAL AND RELEASE FORM

Name of Young Chautauquan: _____

Name of parent(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone (Home): _____ (Work): _____ (Cell): _____

Emergency Contact Information

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone (Home): _____ (Work): _____ (Cell): _____

Insurance/Health Care Information

Name of Health Insurance Carrier: _____

Group/Plan Number: _____ Phone: _____

Personal/Family Physician: _____ Phone: _____

Allergies or Instructions: _____

By signing this form, I give permission for Nevada Humanities and its agents to seek urgent or emergency medical services for my child. I agree to incur all financial liabilities required if care becomes necessary. I understand that Nevada Humanities will contact me before care is needed, but in the event that I am unavailable, care will be sought without my immediate consent.

Permission to Release Information

Due to the nature of the Great Basin Young Chautauqua program, the Young Chautauquan, or parent(s) of the Young Chautauquan, are responsible for scheduling independent performances for their child while they participate in the program. A roster will be created and distributed to organizations interested in having a Young Chautauquan perform. The roster will include character name, performer's name, parent name(s), email address, and telephone number. By signing this form you acknowledge that Nevada Humanities has your permission to include your child's contact information on the Great Basin Young Chautauqua program roster and to have this information shared with others.

Permission to Photograph

The *Young Chautauqua Reader* is published by Nevada Humanities every year to celebrate the efforts of our Young Chautauquans and to provide a guide to the annual program. The *Reader* includes biographical information on the characters and the Young Chautauquans portraying them, along with photos of the Young Chautauquans in costume and participating in workshops and other activities. By signing this form, you acknowledge that you allow your child's likeness and recorded performance to become part of the permanent collections of the Nevada Humanities archives. You understand that Nevada Humanities may edit, distribute, reproduce, publish, present, display, and broadcast these contributions, or any portion thereof, in exhibits, all media, print, and on the Internet, as well as any successor technologies, whether now existing or hereafter developed. You authorize the duplication, presentation, and broadcast of these materials for non-profit, educational purposes.

Waiver of Liability and Indemnity Agreement

I, _____, agree to the tenets outlined above and give permission for _____ to participate in all activities of the Nevada Humanities Great Basin Young Chautauqua program between January 19, 2012, and June 28, 2012. I release Nevada Humanities from all liabilities, including any injury to my child arising from participation in activities. I agree to indemnify Nevada Humanities for any liability due to the child's participation in activities.

Parent/Guardian Signature *Date*

Printed Name of Parent/Guardian

Please return this completed form to the program coordinator at a Great Basin Young Chautauqua meeting or mail it to:

Great Basin Young Chautauqua
Nevada Humanities
P. O. Box 8029
Reno, NV 89507

775-784-6587 ♦ nevadahumanities.org ♦ onlinenevada.org ♦ youngchautauqua@gmail.com