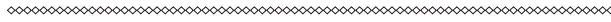




MEDICAL AND STANDARD APPEARANCE RELEASE FORM

California Institute of the Arts Community Arts Partnership (CAP)



*This form must be signed by a parent or guardian (if student is under 18 years of age), in order to be enrolled in a CAP program.

MEDICAL RELEASE

The undersigned does hereby authorize the officers, teachers or agents of CalArts and the public school or community center officers/staff to consent to any X-ray examination, anesthetic, or medical procedure necessary in a medical emergency. It is understood that this authorization is given in advance to provide authority and power to render care which the attending physician in his or her best judgment may seem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment.

* List any medical conditions, allergies, medications and other health related issues you want CAP to be aware of

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STANDARD APPEARANCE RELEASE

I understand that the Community Arts Partnership (CAP), a program within California Institute of the Arts (CalArts), is a non-profit organization dedicated to providing educational programs and arts training to young people through partnerships with public schools and community art centers. To describe and promote its efforts, the Community Arts Partnership (CAP) produces audio, video, photographs and printed materials. I authorize the Community Arts Partnership (CAP) and California Institute of the Arts (CalArts) in collaboration with the participants, to record and edit my name, image, voice, artwork, interview and/or performance for the above named project and related materials. All videotape, audiotape, printed materials and photographs are the property of the Community Arts Partnership (CAP) and the California Institute of the Arts (CalArts), however copies will be provided to the students whenever possible.

PARENT/GUARDIAN INFORMATION

* Must be completed by parent or guardian if participant is under the age 18

PARTICIPANT'S NAME:

NAME OF PARENT/GUARDIAN:

PARENT/GUARDIAN ADDRESS:

CITY: STATE: ZIP:

WORK PHONE #:

HOME PHONE #:

CELL PHONE #:

OTHER #:

PARENT/GUARDIAN SIGNATURE: DATE:

*Please return this form to the CAP instructor