Earl Mosley's Institute of the Arts

EMIA 2019
Permission & Release Form

Please sign and mail or fax to:
Earl Mosley's Institute of the Arts
2 Merry Acres Lane, New Milford, CT 06776
Fax 860.210.1986

I agree with and/or give my permission to Earl Mosley's Institute of the Arts (EMIA), permission to:

- Use of student photographic or video images for educational and promotional purposes;
- Transportation to Hofstra area urgent care center if needed in cars, vans, or buses or the train station, etc.
- Attendance at and transportation to and from weekend outings or field trip(s) if applicable between July 7 – August 3.
- Transportation by EMIA staff or faculty if needed, in cars, vans or buses
- Securing emergency medical treatment if necessary

On behalf of myself and/or my son/daughter, I represent that I am (if over 18) or he/she/they (if under 18) are in good physical condition and health, and am/are able to engage in all physical activities planned or contemplated by EMIA. I hereby release and discharge EMIA (Diversity of Dance, Inc.) from any and all claims or liability arising out of any injury or disability suffered by me (if over 18) or him/her/them (if under 18) through or as a result of any misrepresentation concerning my (if over 18) his/hers/their (if under 18) physical condition, or arising out of negligence on the part of EMIA (Diversity of Dance, Inc.) in the conduct of the Summer Dance Institute or any related ancillary, incidental or necessary activities.

Print Student(s) Name(s) _____

Parent/Guardian Signature _____ **Date** _____

Student Signature (under 18) _____ **Date** _____

Student Signature (over 18) _____ **Date** _____