

## MEDICAL AND PHOTO RELEASE FORM

\_\_\_\_\_ will be participating in Little Bird's  
(Cast Member's Name) *Traditions of Christmas.*

I hereby authorize and consent that Little Bird shall have the absolute right to copyright, publish, use, sell or assign any and all photographic portraits or pictures, television spots, movie films, videotapes and/or sound recordings, or any part thereof, they have taken or made of me (or my child, if cast member is a minor) or in which I (or my child) may be included in whole or in part.

I give permission to the Directors and Staff in charge to secure medical treatment in an emergency for me (or my child, if cast member is a minor). I also agree to hold Little Bird and/or their assignees, harmless in the event of a production related injury or accident.

Parent's Name (if cast member is a minor) \_\_\_\_\_

Email \_\_\_\_\_

\*this is the email address we will use to contact you with schedules and other important info.

Secondary Email (optional) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Emergency Contact Name and Phone \_\_\_\_\_

Insurance Company and Policy # \_\_\_\_\_

Pertinent Medical Information (allergies, medications, etc.) \_\_\_\_\_

Adults in charge may administer Tylenol or Ibuprofen (to minor cast member):    yes    no

Signature (Cast Member or Parent / Guardian of Minor) \_\_\_\_\_

Date \_\_\_\_\_