

**MEDIA RELEASE FORM**  
Plugged In Teen Band Program

**PARTICIPANT SIGNATURE**

Participant's Name (please print): \_\_\_\_\_

Plugged In Teen Band Program  
Footage  
Videos  
Promotional Pieces  
Documentaries  
DVDs  
Photographs

For the duration of my time participating in Plugged In programs, activities, events, performances, etc.

I authorize Plugged In Teen Band Program staff/volunteers to record and edit into the program(s) stated above, my name, likeness, voice, interview, and performance. Plugged In shall own all rights, title(s), and interest(s) in and to the program(s), including the recording(s), to be used and disposed of at the discretion of the Plugged In Teen Band Program.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**

I represent that I am the parent and/or guardian of the minor who has signed above and is the participant in the program(s). I agree that we both shall be bound by this release form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE OF LIABILITY/INDEMNITY/EMERGENCY  
TREATMENT FORM**

Student Name: \_\_\_\_\_

Emergency contact name and telephone number: \_\_\_\_\_

The undersigned, individually or by his or her parent if a minor, hereby assumes all responsibility for and all risk of damage or injury that may occur to the undersigned as a participant in the Plugged In Teen Band Program run by Eeyore Productions, while participating in the program in or out of the premises at 214 Garden St., Needham, MA. In consideration of being accepted as a participant in the program, the undersigned releases and discharges Eeyore Productions and all associated facilities, its and their owners, employees and agents from all claims, demands, rights or causes of action, present or future whether known, anticipated or unanticipated, and resulting from or arising out of, or incident to, the undersigned's use of the program, all locations at which the program will be conducted, or facilities and equipment in such place or as a result of, or incident to, engaging in the program or otherwise following the program's instructions anywhere.

In case of emergency, accident, illness, or other incapacity occurring while under the program's authority, I give my permission to be treated by medical professionals and admitted to the hospital if necessary. This authorization applies whether or not the charges are covered by my insurance, and I am responsible for all reasonable medical and emergency expenses incurred on my behalf, regardless of whether I would have authorized such expenses under separate circumstances.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_