

**RELEASE AND HOLD HARMLESS / Talent Agreement and Release Form**

NOTE: This form must be filled out and signed by parent or guardian and brought to first class.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Class Day & Time \_\_\_\_\_ Teacher \_\_\_\_\_ E-mail \_\_\_\_\_

In consideration of my child or ward's participation in the Amarillo College programs, I, do hereby, for my child or ward and myself, my heirs, executors, administrators and assigns, release, hold harmless and forever discharge the Amarillo Junior College District of and from any liability and claims, for damages, expenses, personal injury or death, which may arise in the future, related to connected with, or growing out of participation in said programs, including, but not limited to liability and claims arising from the negligence of the parties hereby released. I understand that the College District does not provide any hospitalization or medical insurance to cover my child or ward from hospital or medical expenses incurred related to participation in the program and I am solely responsible for the payment of any and all hospital and /or medical bills including ambulance services.

**Parent/Guardian Information:**

Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell# \_\_\_\_\_

Occupation \_\_\_\_\_ Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell# \_\_\_\_\_

Occupation \_\_\_\_\_ Address \_\_\_\_\_

**In Case of Emergency, Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell# \_\_\_\_\_ Home # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

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

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

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

I willingly authorize the use of the voice and/or image of that of my child or ward to be recorded with digital photography or on film, video, or audio tape for legitimate advertising, marketing, and public relations purposes only by Amarillo College and/or the Amarillo College Foundation. I, or my child or ward, shall receive no compensation for participation in these activities. I hereby release Amarillo College and its employees or agents from all liability whatsoever which may or might result from my child or ward's participation in these activities. Having noted the terms so stated, I, being of legal age and acting as legal guardian, do hereby agree to allow Amarillo College and/or its affiliates to use, publish, or copyright these audio and visual recordings, in which my child or ward participated, in perpetuity.

Child Name (print) \_\_\_\_\_

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

Parent/Guardian (printed) \_\_\_\_\_ Phone \_\_\_\_\_