

Center Children's Theatre



Photo Release

I grant Osceola Center for the Arts permissions to photograph, record, or otherwise secure images of myself or my child. In addition, I hereby permit Osceola Center for the Arts to use these images and publish in print, electronic, or video format these likenesses. I release all claims against the Center with respect to copyright ownership and publication including any claim for compensation related to the use of these materials.

Theatre Release

I agree to release and discharge Osceola Center for the Arts and its officers, directors, agents, of and from any claims, demands, or liability arising from the participation of my child in any classes, camps, or programs sponsored by Osceola Center for the Arts. In the event my child becomes ill, I authorize Osceola Center for the Arts staff to obtain medical attention for my child at a physician's office or hospital. I understand that every effort will be made to reach me before medical permission is given to treat my child. My child has the following insurance coverage:

Child's Name: _____

Insurance Co. Name: _____

Insurance Company Phone: _____

Group#: _____

Parent/Guardian Signature: _____

Date: _____



2411 E. Hwy 192 Kissimmee, FL 34744
407.846.6257 www.ocfta.com