

## Art Academy Release Form

Please sign the following release forms and return it with your registration form and fees. No student will be permitted to attend classes or camps without returning this signed form.

I, (Print Name), \_\_\_\_\_, shall indemnify Rocky Mountain College of Art & Design, its employees and/or any student enrolled including those who provide transportation to related college functions and hold those aforementioned parties harmless from any and all claims of whatsoever kind or nature, including those for personal injury or property damage, which include attorney's fees arising out of, or in any way connected with, field trips and/or excursions in which the student leaves the premises of Rocky Mountain College of Art & Design.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Confidential Medical Emergency Release Form

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Sex: \_\_\_ Age \_\_\_ Blood Type \_\_\_\_\_

Family member to contact in case of an emergency:

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Person to contact if the above cannot be reached:

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Current/pre-existing medical condition(s) that may require emergency care \_\_\_\_\_

Allergies (including medication): \_\_\_\_\_

My family physician is: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company and Number: \_\_\_\_\_

In case of an emergency and I cannot be reached, I give permission to the employee's at Rocky Mountain College of Art & Design to authorize any medical treatment they deem necessary.

Signature (Parent if the student is a minor) \_\_\_\_\_

Date: \_\_\_\_\_

---