



Adult Education Program

Student Name _____ Birth Date _____

Parent/Guardian(18 & under only) _____ Email _____

Day Phone _____ Evening Phone _____

Address _____

City State Zip _____

Does the participant have any allergies, medical issues or anything else we should know about?

Emergency Contacts

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Release

By signing this form I hereby assume full responsibility for my or my child's participation in this program and I release all members of Riot Act, Inc.'s staff, Board of Directors and volunteers from any liability for personal injury or property damage sustained while participating in a Riot Act program.

_____ Date _____
Signature

_____ Date _____
Printed Name

Photo Release

I grant permission for photographs taken in Riot Act, Inc. classes to be used by Riot Act for promotional purposes. I understand that no personal information will be associated with any photographs without my consent and that no compensation is offered. I also understand that all photographs taken by Riot Act are the property of Riot Act.

_____ Date _____
Signature

_____ Date _____
Printed Name