



LIMELIGHT PERFORMING ARTS  
**STUDENT AUTHORIZED RELEASE FORM**

Phone: 000-000-0000

Email: [office@limelight.com](mailto:office@limelight.com)

108 - 650 Allandale Rd, Victoria, BC V9C 0S2

## 2024-2025 STUDENT AUTHORIZED RELEASE FORM

Student Authorized Release Forms are accepted via mail, email, or dropped off at the Limelight studio guest services desk.

By completing this form, you acknowledge which individuals can and cannot check your child out of all Limelight Performing Arts and related programs. Only individuals listed on the student's authorized release will be permitted to pick up the student. If there are any changes to pick-up arrangements please notify us in advance.

Please submit a Student Authorized Release Form for each student.

Please read carefully - Incomplete forms will not be processed until all required information is received.

### PERSONAL INFORMATION

Name of Student: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Parent / Guardian 1: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Parent / Guardian 2: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERMITTED INDIVIDUALS**

Please list all the individuals you would be permitting to check your child in or out of programs at Limelight. Permitted individuals must provide photo identification if requested by Limelight representatives.

Name of Individual:\_\_\_\_\_

Email:\_\_\_\_\_ Phone:\_\_\_\_\_

Name of Individual:\_\_\_\_\_

Email:\_\_\_\_\_ Phone:\_\_\_\_\_

Name of Individual:\_\_\_\_\_

Email:\_\_\_\_\_ Phone:\_\_\_\_\_

Name of Individual:\_\_\_\_\_

Email:\_\_\_\_\_ Phone:\_\_\_\_\_

Name of Individual:\_\_\_\_\_

Email:\_\_\_\_\_ Phone:\_\_\_\_\_

**NOT PERMITTED INDIVIDUALS**

Please list all the individuals you are NOT permitting to check your child in or out of programs at Limelight. Your child will never be released to an individual NOT permitted. If an individual on this list attempts to pick up your child, Limelight will contact you and/or an emergency contact. If a situation with a NOT permitted individual insists public safety personnel may be contacted.

Name of Individual:\_\_\_\_\_

Email:\_\_\_\_\_ Phone:\_\_\_\_\_

Relationship to Student:\_\_\_\_\_

Name of Individual:\_\_\_\_\_

Email:\_\_\_\_\_ Phone:\_\_\_\_\_

Relationship to Student:\_\_\_\_\_

Name of Individual:\_\_\_\_\_

Email:\_\_\_\_\_ Phone:\_\_\_\_\_

Relationship to Student:\_\_\_\_\_

OPTIONAL: If you would like to include any further information to assist Limelight in keeping your child safe, please do so here:

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**EMERGENCY CONTACTS**

Name of Emergency Contact 1:\_\_\_\_\_

Email:\_\_\_\_\_ Phone:\_\_\_\_\_

Name of Emergency Contact 2:\_\_\_\_\_

Email:\_\_\_\_\_ Phone:\_\_\_\_\_

**REGULAR RELEASE**

- Is your child being regularly transported by another adult(s)? If yes, please indicate the name(s) of these adult(s):

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- Is your child being regularly transported by another youth/teenager(s)? If yes, please indicate the name(s) of these youth/teenager(s):

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**ACKNOWLEDGMENT**

I, on behalf of my child, hereby indemnify, release, hold harmless, covenant not to sue and forever discharge to the fullest extent permitted by law Limelight Performing Arts and its relates or connectional organizations, its agents, employees, officers, directors, affiliates, successors, assigns and all others of and from any claims, demands, expenses, personal injury, wrongful death, causes of action, lawsuits, damages and liabilities of every kind and nature, whether known or unknown, in law or equity, that I or my child ever had or may have, arising from or in any way related to my child's release from Limelight Performing Arts and related programs.

The undersigned gives the above written minor permission to be signed in and out of all Limelight Performing Arts and related programs, by the above mentioned individuals.

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