

Medical Form:

Dear Model/Guardian:

Before you/your child can proceed at **VogueModeling**, we request information about you/them regarding any past medical problems that would limit performance of Modeling, Dance, or other Choreographed steps. You agree that any medical problems that may exist are mild and would not cause you harm in performing in a **VogueModeling** event. Please indicate all pertinent information about you/your child below:

If there are NO problems that could or should limit your/their abilities to perform at **VogueModeling**, please sign the statement below:

I authorize **VogueModeling** to contact medical personnel on my behalf in the event an accident or medical emergency would arise and I can not place the call myself or the alternative emergency contact person cannot be reached.

_____ Physician's Name Physician Phone Number _____

_____ Preferred Hospital or Alternate Hospital or Medical Facility Medical Facility _____

I _____, state that there are NO medical problems that I know of that will cause problems or danger in performing any modeling, dance, or other choreographed steps associated with the production of the show. In the event there are mild medical problems, they would not inhibit or cause major harm to me to perform in this **VogueModeling** EVENT.

Signed Date

I _____, the parent or guardian of _____ state that there are NO medical problems that we know of that will cause problems or danger in performing any modeling, dance, or other choreographed steps associated with the production of the show.

Indemnification: MODEL/TALENT covenants and agrees to and hereby does indemnify and hold the COMPANY forever harmless from any and all liability, obligations, or demands against COMPANY as a result of MODEL/TALENT negligence, medical problems whether preexisting or not, including but not limited to, any and all liabilities, punitive damages, including attorney fees and court cost, incurred by the COMPANY as a result of damage or injury to MODEL/TALENT or persons arising out of the association with MODEL/TALENT or any other person that MODEL/TALENT may be associated with or come in contact with.

Signed Model/Parent or Guardian Date