



Media Release Form

Name: _____
Last First MI

During the Music Institute the participant might be photographed and/or interviewed for publicity purposes. Therefore, it is requested that you sign the following permission statement.

- I give permission for Potential Unlimited Productions, Inc. to use photographs and/or interviews for publicity purposes.
- I do not want the participant photographed or interviewed for any public purpose.

Special Dietary Requirements

Does participant have any special dietary requirements? Yes No

If yes, please list below. This list should include all foods that he/she may have an allergic reaction to or if he/she is a vegetarian or any religious restrictions of foods that cannot be consumed. If the appropriate information is not listed on this form, Potential Unlimited Productions, Inc. will not be responsible. This information must be received prior to Music Institute.

Authorized Signature

Date

Applicant Profile:

Mental ability (check one)	<input type="checkbox"/> Normal	<input type="checkbox"/> Mildly challenged	<input type="checkbox"/> Moderately challenged	<input type="checkbox"/> Severely challenged
Hearing (check one)	<input type="checkbox"/> Normal	<input type="checkbox"/> Mild/moderate loss	<input type="checkbox"/> Severe/total loss	
Speech (check one)	<input type="checkbox"/> Normal	<input type="checkbox"/> Mild/moderate delay	<input type="checkbox"/> Non-verbal	
Vision (check one)	<input type="checkbox"/> Normal	<input type="checkbox"/> Mild/moderate impairment	<input type="checkbox"/> Completely blind	
Mobility (check all that apply):	<input type="checkbox"/> ambulatory	<input type="checkbox"/> Non-ambulatory <input type="checkbox"/> Yes-electric chair	<input type="checkbox"/> Yes-manual chair <input type="checkbox"/> Walks with crutches	<input type="checkbox"/> Uses a wheelchair exclusively
Seizures:	<input type="checkbox"/> Yes	Type? _____ <input type="checkbox"/> No	If yes, date of last seizure? _____	Medicated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Behavior & General Attitudes:

Enter the numbers to items below: (1)Normal (2)Mild problem (3)Moderate problem (4)Severe problem

Frustration tolerance Hostility Anxiety Distractibility Impulsiveness
 Following directions Memory loss Temper Spatial disorientation

Bladder Management:

Self No (circle one) If no, catheter or leg bag? One person transfer _____ Two person transfer _____

Does the applicant have experience with lessons or performing in any of the following areas?

(Check all that apply)

Singing (solo) Singing (choral) Dance Drama Instrument(s)
(Which one(s)? _____)

Other, explain _____

Please Note: Med-certified and nursing staff are NOT available at Music Institute Workshops. Agency staff or family caregivers must be on-site for medicine administration.

Please comment on any other conditions or issues PUP should be aware of: _____

Attending Support Staff (if one-to-one support is required):

Name _____

Relationship to Applicant: _____ Phone: (____) _____

Fax: (____) _____ E-Mail: _____

Registration form should be completed and mailed, faxed or emailed along with check made payable to:

Potential Unlimited Productions, Inc.

33 Basin Rd., Suite 1
West Hurley, NY 12491

Email _____