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 ________________

Questions? Contact: Potential Unlimited Productions, Inc.  Phone: (845) 473-3752
Or email: bwurtz@potentialunlimited.org  Fax: (845) 473-3752
**Applicant Profile:**

- **Mental ability** (check one)  
  - ___Normal  
  - ___Mildly challenged  
  - ___Moderately challenged  
  - ___Severely challenged

- **Hearing** (check one)  
  - ___Normal  
  - ___Mild/moderate loss  
  - ___Severe/total loss

- **Speech** (check one)  
  - ___Normal  
  - ___Mild/moderate delay  
  - ___Non-verbal

- **Vision** (check one)  
  - ___Normal  
  - ___Mild/moderate impairment  
  - ___Completely blind

- **Mobility** (check all that apply):  
  - ___Non-ambulatory  
  - ___Yes-electric chair  
  - ___Yes-manual chair  
  - ___Uses a wheelchair exclusively

- **Seizures:**  
  - ___Yes  
  - Type? ____________  
  - ___No  
  - If yes, date of last seizure? ____________  
  - Medicated?  
    - ___Yes  
    - ___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 ____________

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**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: ____________

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**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 ____________