

# WORKSHOP REGISTRATION INFORMED CONSENT

Please Complete & Return Your Signed Copy

Participant Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

I, \_\_\_\_\_, confirm that I am the parent or legal guardian of minor child, \_\_\_\_\_ . I hereby consent to their participation in a SPA Workshop. I have provided emergency contact details below and undertake to inform Saltwater Performing Arts with 72 hours of any changes. I confirm that all details are correct and I am able to give parental consent for my child to participate in all theatrical activities with the organization. I confirm that I have read the all documents and have attached other necessary documents listed and undertake to abide by the obligations which it imposes on me as the parent/legal guardian of the above-named child.

As the Parent or Legal Guardian, I hereby  **AUTHORIZE** /  **DO NOT AUTHORIZE** the recording, video filming, and/or photographing of my child. Further, I agree to the use of my child's name, likeness and achievement(s) for educational and other bona fide related, non-profit purposes, including marketing and promoting Saltwater Performing Arts, The St. Marys Children's Theatre, the Friese Studio of Music & Performing Arts and/or Lisa Allen's Dance Works and consent to the display of such to any persons. I authorize the use of any such recording, video film, and/or photographs, and/or and other such information in all media in perpetuity and without claim to compensation. I agree to release and hold harmless Saltwater Performing Arts, The St Marys Children's Theatre, The Friese Studio of Music & Performing Arts and Lisa Allen's Dance Works for the use of any such material.

Please list all individuals who may pick up the listed participant:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant drives

## SIGNATURE:

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

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number: \_\_\_\_\_



# PARTICIPANT INFORMATION

**GENERAL INFO:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Pronoun: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**EDUCATION:**

School: \_\_\_\_\_ Grade: \_\_\_\_\_ GPA: \_\_\_\_\_

**EDUCATIONAL NEED:**

Please list below any information SPA should know about participant:

*\*Please provide specific details on a separate sheet for any items checked\**

Autism \_\_\_\_\_ ADD / ADHD \_\_\_\_\_ Oppositional Defiant \_\_\_\_\_ Physical Disability \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**EXPERIENCE:**

List any experience in music, theatre or dance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OTHER INTERESTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# MEDICAL INFORMATION AUTHORIZATION FOR MEDICAL CARE

## I. Basic Personal Information (please print)

Today's Date: \_\_ / \_\_ / \_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

## II. Emergency Contact Information

Person to notify in case of emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact's Phone Number(s): (\_\_\_\_\_) \_\_\_\_\_, (\_\_\_\_\_) \_\_\_\_\_

Contact's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Note: The institution does not offer any form of health, liability, or other types of insurance for participants. Please include a copy of the front and back of your insurance card.**

## III. MEDICAL INFORMATION

Please list any current medical concerns or medical history we need to know about your child: (Ex. past injuries, current conditions, physical limitations, etc.) \_\_\_\_\_

List any allergies your child has (Ex. medications, stings, food, iodine, latex, etc.) \_\_\_\_\_

List any medications your child is currently taking, their purpose, dosage, and times taken:

Does your child require assistance with medication? If yes, please explain: \_\_\_\_\_

Does your child need any accommodations to safely participate in the program? If yes, please explain.



# MEDICAL INFORMATION AUTHORIZATION FOR MEDICAL CARE

## IV. Authorization for Medical Care

I understand that my child is participating in a Saltwater Performing Arts (SPA) / St. Marys Children's Theatre (SMCT) program. By signing this form I hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form, and to the best of my knowledge, my child is capable of participating safely in the program. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program. I agree to notify SPA/SMCT of any changes in my child's mental, physical, or medical condition once I have learned of such change.

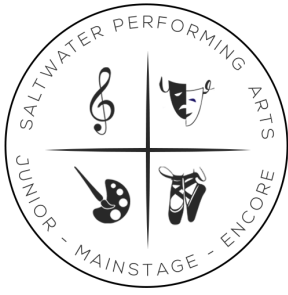
I understand that SPA/SMCT does NOT provide medical insurance for my child and that I should consult my child's physician before allowing my child to participate in any SPA/SMCT program. In the case of accident or illness, I hereby authorize SPA/SMCT's staff to administer or seek medical treatment for my child, as they see fit, including routine first aid care or emergency medical treatment. I hold harmless and agree to indemnify SPA/SMCT and staff from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in such SPA/SMCT program.

Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



# ACCIDENT WAIVER RELEASE OF LIABILITY

By signing this Waiver, I assume all risk of my child and/or myself participating in the above activity (hereinafter "activity"). Without signing this form, neither myself, nor my child will be able to participate in the activity. I acknowledge that the above activity may pose some risk of personal injury and that I undertake and assume this risk for myself and my child. On behalf of myself and my child, I further waive and release the promoters of the activity, school facility, any insuring entity of the above, and their directors, board members, officers, employees, volunteers, agents, representatives, or assigns, as well as the activity sponsors, from any and all liability, including, but not limited to, liability arising from negligence or fault of the entities or persons for any y occur as a result of my or my child's participation in the above activity. I am assuming all risks on behalf of myself and my child that may arise from negligence or carelessness on the part of any of the persons or entities being released, as well as from defective equipment, real property or personal property that is owned, maintained or controlled by the above persons.

| CERTIFY THAT MY CHILD AND MYSELF ARE PHYSICALLY FIT AND SUFFICIENTLY PREPARED FOR PARTICIPATION IN THE ACTIVITY AND THAT THERE ARE NO HEALTH RELATED REASONS OR PROBLEMS WHICH WOULD PRECLUDE THE PARTICIPATION OF MYSELF OR MY CHILD IN THE ACTIVITY. I HAVE NOT BEEN ADVISED OF ANY REASON WHICH WOULD LIMIT MY CHILD OR MYSELF IN PARTICIPATING IN THE ACTIVITY.

I consent to receive any medical treatment deemed advisable for an injury to myself or my child during the activity and that any medical or other insurance for myself and/or my child will be insurance of first resort before contribution by any other insurance for any other person or entity, including accidental death and dismemberment insurance and accident medical insurance. I understand that I and/or my child may be photographed while participating in the activity. I agree to allow my and my child's photo, video, or film likeness to be used for any legitimate purpose by the activity holders, sponsors, producers, and their assigns. I shall defend, hold harmless, and indemnify the parties from and against all losses, claims, damages, costs or expenses (including reasonable legal fees, or similar costs) in connection with any action or claim brought or made (or threatened to be brought or made), for, or on account of any injuries or damages, received or sustained by myself and/or my child arising during the course of the activity. This Agreement constitutes the sole and only agreement between the parties concerning my child's and my release and indemnification as a condition for participating in this activity. Any prior agreements, whether oral or in writing, shall be void and of no further effect. This Agreement may not be modified. I certify that I have read this document, and I fully understand its contents. I am aware that this is a release and indemnification of liability for myself and my child, and I sign it of my own free will.

Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



## COVID-19 MITIGATION PLAN & CONSENT FORM

This COVID-19 Consent Form supplements the Informed Consent and the Accident Waiver and Release of Liability. Saltwater Performing Arts (SPA) is monitoring the information provided by public health officials and government agencies about how to conduct gatherings in the midst of a pandemic, but much uncertainty about COVID-19 remains.

### SPA's Mitigation Plan includes:

- Health screening of all participants conducted upon arrival, including a temperature check  
*(parents or drivers should not leave until participants have been approved for entry)*
- All participants should bring a mask to all activities which will be utilized at the instructors direction.
- No person may attend a class, workshop, rehearsal, or other live event, including performances, if
- within the 14 days before one or more of the following applies:
  - Such person exhibits symptoms of the Coronavirus, including but not limited to fever, chills, cough, trouble breathing, muscle pain, headache, sore throat, and/or new loss of taste or smell;
  - Such person has had close contact with someone exhibiting symptoms of the Coronavirus;
  - Such person tests positive for the Coronavirus, has been diagnosed by a medical professional as having the Coronavirus, or is awaiting test results for the Coronavirus;
  - Such person is exposed to a confirmed outbreak of the Coronavirus or a person who has tested positive for the Coronavirus.
- All classes, workshops and rehearsals will remain “closed” to guests including parents who should remain outside of the building during drop off and pick up.
- Any approved visitors will be screened upon arrival before entry.
- Hygiene reminders at regular intervals
- Extra hand washing /sanitizer stations
- Extra cleaning and disinfecting of high-touch surfaces and shared program equipment.
- Social distancing of 6 or more feet whenever possible, and outdoor singing options when weather and space allows.
- Isolation and quarantine of any individual who becomes ill while in participation with SPA  
*(Will require immediate pick-up by a parent or guardian)*

Although important, these efforts cannot eliminate the potential for exposure to COVID-19 or any other illness while participating with SPA. It is now commonly recognized that individuals with COVID-19 may be asymptomatic and show no signs or symptoms of illness, but can still spread the virus. Additionally, people may be contagious before their symptoms occur. It is for this reason that SPA makes no guarantee, either directly or implied, that a participant will not become infected even with the aforementioned Mitigation Plan in place.



## COVID-19 MITIGATION PLAN & CONSENT FORM (PAGE 2)

Information from the Centers for Disease Control and Prevention (CDC states that older adults and people of any age who have severe underlying medical conditions, like heart or lung disease or diabetes, seem to be at higher risk for severe illness from COVID-19. If you are in one of these groups, please ensure you have approval from your health care provider before attending camp. No one may attend camp if still subject to a governmental shelter-in-place order.

Staff members, volunteers, participants, cast members and families must each evaluate their unique circumstances and make informed decisions before attending SPA classes, workshops, rehearsals or events. We hope this information will be helpful as you make that choice.

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**Covenant Not to Sue:** I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes St. Marys Children's Theatre & Saltwater Performing Arts and each of their directors, officers, employees, volunteers, agents, donors, related parties, or other organizations ("Releasees" associated with any program or activity, from any and all liabilities, claims, demands, or injuries, including death, that may be sustained by my me because of my attendance at camp, or my participation in activities. Without in any way limiting the foregoing, I expressly acknowledge that my release, waiver, discharge, covenant not to sue, and agreement to hold harmless includes negligence, as well as any and all claims whatsoever arising from or related to COVID-19. This agreement does not release or hold harmless Releasees from claims arising from their intentional misconduct or gross negligence. This Volunteer Consent Form is governed by the laws of the State of Georgia.

I have read both pages of this Consent Form, I understand it, and I sign it voluntarily.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Parent or Legal Guardian Signature (if volunteer is younger than age 18:

\_\_\_\_\_  
Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_