



PARTICIPANT INFORMATION

CONSENT / WAIVERS / AUTHORIZATIONS

I. GENERAL INFO

Name: _____ Age: _____ Pronoun: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name 1: _____ Phone: _____

Relationship to Participant _____ Email: _____ May pick child up?

Parent/Guardian Name 2: _____ Phone: _____

Relationship to Participant _____ Email: _____ May pick child up?

II. EMERGENCY CONTACT INFORMATION

Person to notify in case of emergency: _____ Relationship: _____

Emergency Contact's Phone: _____ Alternate Phone: _____

Family Physician: _____ Phone Number: _____

Insurance Provider: _____ Phone Number: _____

Policy Number: _____

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: _____

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

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

Autism ADD / ADHD Oppositional Defiant Physical Disability Other: _____

IV. EDUCATION

School: _____ Grade: _____ GPA: _____ IEP/504: Yes No

Music/Dance/Theatre Experience: _____

V. TRANSPORTATION & PICK-UP

Please list all individuals (other than parent/guardians listed above) who may pick up the participant:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



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VI. WAIVER 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 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.

I 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 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. (Initial _____)

VII. AUTHORIZATION FOR MEDICAL CARE

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. (Initial _____)

VIII. INFORMED CONSENT

I, _____, confirm that I am the parent or legal guardian of minor child, _____. I hereby consent to their participation in a Saltwater Class or Workshop. I understand this document is valid for the duration of the season (August - July) for Classes and Workshops (not including Junior workshops). I have provided emergency contact details and medical information below and will 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 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. (Initial _____)

Signature of Parent or Guardian: _____ Date: _____