



Release of Liability for Classes, Camps and productions at
APPLAUSE CHILDREN'S THEATER

Your child cannot participate in APPLAUSE CHILDREN'S THEATER - activities without this form, so please take the time to **read, initial in five places, sign and return** by mail or in person at the first class session. There is no refund for failure to return this form prior to the first class session.

MEDICAL TREATMENT PERMISSION & RELEASE

I give my permission to Applause Children's Theater/ACT its employees, agents, assigns, or contractors to secure needed medical or dental treatment for my child. I agree to assume financial responsibility for the cost of such treatment. (If I am not present or can not be reached) The laws of the State of California shall apply to this Medical Treatment Permission & Release. If any of the provisions, terms, clauses, or waivers or releases of claims or rights contained herein are declared illegal, all other provisions, terms, clauses and waivers and releases of claims and rights contained herein shall remain valid and binding.

Initial: _____

LIABILITY

I understand that there are hazards and risks, as well as benefits, associated with my child's participation in educational, recreational, and/or performance activities APPLAUSE classes and productions; including but not limited to the risk of theft, damage to personal property, and/or personal injury. I, on behalf of myself, my child, my or their heirs, executors, administrators, agents, assigns, and other personal representatives, irrevocably and unconditionally remise, release, settle, compromise and forever discharge any and all manner of suits, actions, causes of action, damages and claims, that I or my child, have or may have against ACT Initial: _____

IMAGE/NAME PERMISSION & RELEASE

Occasionally, ACT staff members wish to photograph, videotape, or otherwise record the activities of our theatre school students for publicity uses or for our archives. I give permission for my child as a participant in the Program to be videotaped, photographed or otherwise have his or her image and voice recorded, in connection with the Program. I give permission for A-C-T to use-said videotape, photograph, name and/or recorded materials. I hereby waive and release any rights that I may have to said videotaped, photographed, and/or recorded.

Initial: _____

INDIVIDUALS ALLOWED TO PICK UP:(I.D. MUST BE SHOWN) Please list name, phone, relation

LATE POLICY

By signing below, I declare that I have read and understand the conditions outlined in the enclosed class or camp welcome letter. I understand that a late charge of \$15 will be applied for every fifteen minutes, or portion thereof, that I am late in picking up my child, unless I have signed up for after-care [when available]. I also understand that if I make alternate arrangements for the pickup of my child, I must notify A-C-T in writing.

Initial:_____

REFUND POLICY

I understand that after my child attends their first class session, no refunds will be issued for any reason.

Initial:_____

I am an adult, competent to sign this document. My initials by each section above, and signature below, indicate I have read and understand the contents.

ACCEPTED AND AGREED BY:

Parent's/Guardian's Name _____ Date _____

Parent's/Guardian's Signature _____ Date _____

Student's Name _____

HomePhone:_____ CellPhone:_____

Parent's E-Mail: _____

Please list any medical conditions your child has or medications they are currently taking:

In case of emergency please contact: _____ # _____

Insurance Company: _____ Policy # _____

Hospital _____ Allergies: _____
