



## Live Theatre Workshop Waiver of Liability/Participant Information Form

This form must be filled out completely with current information and turned in before the student will be allowed to attend the program. If some questions do not apply, please indicate with "N.A" The information protects the health and safety of the student.

1. Student's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_

2. Address \_\_\_\_\_

Street

City

State

Zip

3. Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

4. Parent/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

5. Name of other person to notify in case of emergency \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

9. Is student taking medication? \_\_\_ Yes \_\_\_ No

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ When Administered \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ When Administered \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ When Administered \_\_\_\_\_

**Allergies** \_\_\_\_\_ **Other** \_\_\_\_\_

11. Limitations/Restrictions (Activity or Diet) \_\_\_\_\_

12. Identify any behavior problems and how to deal with them \_\_\_\_\_

13. This individual is free of infectious disease and is able to participate in all program activities (with limitations/restrictions listed)?  
\_\_\_ Yes \_\_\_ No

14. My child will/will not walk home. (circle one)

15. The following people are authorized to pick my child up at the site:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

16. **Emergency Clause:** In the event that I cannot be reached in an emergency, I hereby give permission to Live Theatre Workshop staff members to secure proper medical care for my child as deemed necessary. The permission extends from minor first aid treatment to (under a doctor's orders) hospitalization, injections, anesthesia, surgery, and other medical procedures deemed necessary.

17. **Release Clause:** The undersigned hereby releases and holds harmless Live Theatre Workshop and its staff and volunteers from any and all claims, liabilities, or demands whatsoever arising out of enrollment or participation in any program by the participant herein.

\_\_\_\_\_  
**Signature of responsible party**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Date**