



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 _____

6. Physician's Name _____ Phone _____

7. Medical Coverage _____

8. Preferred Hospital _____

9. Is student taking medication? ___ Yes ___ No

Medication _____ Dosage _____ When Administered _____

Medication _____ Dosage _____ When Administered _____

Medication _____ Dosage _____ When Administered _____

10. Prone to Sunburn? ___ Yes ___ No Diabetes? ___ Yes ___ No Seizure? ___ Yes ___ No

Heart Trouble? ___ Yes ___ No High Blood Pressure? ___ Yes ___ No Epilepsy? ___ Yes ___ No

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. **Media Release:** I hereby grant Live Theatre Workshop permission to record my child/ward's likeness and/or voice for use by web, television, films, radio or printed media to further the aims of LTW in related campaigns and magazine articles, booklets, posters, and other ways they may see fit.

17. **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.

18. **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