

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.

Student's Name _____ Birth Date ____/____/____ Grade / Age _____

Address _____
Street _____ City _____ State _____ Zip _____

Parent's/Guardian's Information

Name _____ Relationship _____ Phone _____

Email _____

Name _____ Relationship _____ Phone _____

Email _____

In the event your student has an emergency and a parent/guardian cannot be reached, please provide other emergency contacts.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Is your student taking medication? ___Yes ___No

Medication _____ Dosage _____ When Administered _____

Medication _____ Dosage _____ When Administered _____

Allergies (food or environmental)

Limitations/Restrictions (Activity or Diet) _____

Please identify any behavior problems and provide LTW staff members with ways you feel they can best help your student enjoy their experience with us.

My Student is up to date on their vaccinations ___Yes ___No

My child has permission to (select all that apply)

- Walk home
- Bike home
- Take the public bus home
- Ride share with another student home.

Please list who they can ride share with. _____

Other than Parent/Guardian's listed above, the following people are authorized to pick my child..

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

- ★ **Please notify instructors ahead of time when your child will be picked up by anyone other than the Parent/Guardian's listed at the top of this page.**
- ★ **If someone who is not listed on this sheet needs to pick up your student, you must give verbal (in person or phone) or written permission (email) to your student's instructor before we can let your student go.**

By signing this form I hereby state that I hold harmless all members of Live Theatre Workshop and any other parties involved in the organization and administration of Live Theatre Workshop, from any liability as a result of any injury or sickness sustained in or around Live Theatre Workshop.

I, _____ (parent name) hereby (circle one) **grant** / **do not grant** permission for any and all photographs and videos taken of _____ (student name) at any Live Theatre Workshop class, rehearsal, performance, or event to be used by Live Theatre Workshop or its representatives for marketing purposes. I understand that no personal information will be associated with any photograph or video without my consent and that no compensation is offered.

I, the signed parent and or legal guardian, declare that the information and medical/behavioral details on this registration form are correct to the best of my knowledge and I hereby apply for an enrollment space at Live Theatre Workshop as indicated below for my child or ward. I understand that Live Theatre Workshop reserves the right to restrict/cancel admission at its own discretion.

I understand that all information supplied on this form will be kept strictly confidential and that Live Theatre Workshop will never divulge any personal information to a third party without my consent.

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 by medical professionals.

Printed Name: _____

Relationship to Minor: _____

Signature: _____ Date: _____