

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 share any behavior considerations that would be helpful for our instructors and staff to know about your student.

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
- Drive themselves
- 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 TheatreWorkshop and any other parties involved in the organization and administration of Live TheatreWorkshop, from any liability as a result of any injury or sickness sustained in or around Live TheatreWorkshop.

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 TheatreWorkshop class, rehearsal, performance, or event to be used by Live TheatreWorkshop 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 TheatreWorkshop as indicated below for my child or ward. I understand that Live TheatreWorkshop 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 TheatreWorkshop 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 TheatreWorkshop 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.

LTW Education Wellness and Safety Guidelines

Please help Live Theatre Workshop keep all students, instructors, and staff safe and healthy. If your student is ill, or you suspect they have been exposed to any highly contagious illnesses, we ask that they please stay home and return to classes/camps only after they have been symptom free for 24 hours without the use of medication.

We ask that Parents/Guardians please contact LTW by phone or email if a student is going to be absent.

LTW's goal is to keep everyone safe and healthy while continuing the educational artistic process in the most feasible way possible. These guidelines are subject to change as everyone's health and safety remain a priority.

_____ Initial

Printed Name: _____ Relationship to Minor: _____

Signature: _____ Date: _____