

STUDENT'S NAME (please print) _____

ADDRESS (street, apt., city, state, zip) _____

COMMUNITY (i.e. Monroeville, Harrison City, etc.) _____

AGE _____ BIRTH DATE _____

PARENT OR GUARDIAN _____

PHONE (home) _____ (cell) _____ (w) _____

EMERGENCY CONTACT (name & phone) _____

DOES YOUR CHILD HAVE ANY ALLERGIES OR CONDITIONS WE SHOULD BE AWARE OF? (Please explain on back of form)

COMPLETE THIS FORM AND MAIL IT BACK WITH YOUR CHECK (payable to The Theatre Factory)

To: 235 Cavitt Avenue, Trafford, PA 15085

WAIVER AND RELEASE

In consideration of participation in this Theatre Factory production or workshop and any related events and activities, and intending to legally bind myself, my respective heirs, legal representatives, successors and assigns, the undersigned voluntarily and knowingly:

1. Assumes any and all risk and accept personal responsibility for any and all damages from any injury, disability or death from which I (or my child if participant is under age 18) might suffer.
2. **RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE THEATRE FACTORY INC. AND ITS SUCCESSORS, AFFILIATES AND ASSIGNS AND ITS AGENTS, INSTRUCTORS, STAFF, CONTRACTORS AND OTHER PARTICIPANTS OF THE RELEASEES FROM ANY AND ALL LIABILITY TO THE UNDERSIGNED, HIS OR HER HEIRS AND NEXT OF KIN FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF INJURY, INCLUDING DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES WHILE THE UNDERSIGNED IS ON THE PREMISES OF THE THEATRE FACTORY AND/OR OBSERVING, PARTICIPATING IN, OR REHEARSING FOR THIS THEATRE FACTORY PRODUCTION.**
3. I agree to submit any and all acclaims for medical benefits as a result of any injury or condition suffered by me (or my child) in connection with this production to my own medical insurance carrier or health plan in which I participate or benefit from.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND SIGN IT VOLUNTARILY

PARENT OR GUARDIAN'S SIGNATURE & DATE
