StageFright Academy

Parent's Night Out

PARTICIPATION WAIVER & EMERGENCY INFORMATION

EVENT INFORMATION:

Where: StageFright Academy
708 South 6th Street, Fort Pierce

When: Friday, October 9th, 5:30pm - 8:30 pm

1. CHILD & PARENT INFORMATION

Please list up to 3 children attending:

CHILD 1

Child's Full Name: _____ Child's Age: _____

CHILD 2

Child's Full Name: _____ Child's Age: _____

CHILD 3

Child's Full Name: _____ Child's Age: _____

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

2. EMERGENCY CONTACT

Name: _____

Cell Phone: _____

12. PAYMENT INFORMATION

COST:

$30 per child
$25 each for siblings

Payment is due in full to secure your child's spot. Spots are limited!

Thank you!

SCAN TO PAY HERE

3. MEDICAL INFORMATION

Does your child have any medical conditions, allergies, or special needs? ☐ Yes ☐ No

If yes, please explain:

_____

4. FOOD ALLERGIES & SNACK ACKNOWLEDGMENT

Does your child have any food allergies or dietary restrictions? ☐ Yes ☐ No

If yes, please list all food allergies:

_____

We will be serving PIZZA, COOKIES, and VEGGIES during Parent's Night Out.

Snacks and beverages may be served during Parent's Night Out. I understand that while reasonable precautions will be taken to avoid allergens, food may be prepared in facilities where common allergens are present. StageFright Academy cannot guarantee an allergen-free environment.

☐ My child may receive the snacks provided.
☐ I will provide my child's own snack due to dietary restrictions or allergies.

5. MEDICAL AUTHORIZATION

I understand that every reasonable effort will be made to contact me in the event of an emergency. If I cannot be reached, I authorize the event staff to obtain emergency medical treatment for my child if deemed necessary. I understand that I am responsible for any medical expenses incurred.

6. ASSUMPTION OF RISK & RELEASE OF LIABILITY

I understand that participation in Parent's Night Out includes games, crafts, movies, snacks, and other supervised activities. While reasonable precautions will be taken to ensure the safety of all participants, accidents and injuries can occur.

I voluntarily allow my child to participate and assume all ordinary risks associated with participation.

To the fullest extent permitted by law, I release and hold harmless StageFright Academy, its owners, staff members, volunteers, and the hosting facility from any liability for injury, illness, loss, or damage that may occur during participation, except in cases of gross negligence or willful misconduct.

7. BEHAVIOR EXPECTATIONS

I understand that respectful and safe behavior is expected at all times. If my child exhibits behavior that is unsafe, disruptive, or cannot be reasonably managed by staff, I understand that I may be contacted and required to pick up my child before the event concludes.

8. LATE PICK-UP POLICY

Parent's Night Out ends promptly at the scheduled pick-up time. To ensure that our staff members are compensated for additional supervision time, I understand and agree that a late pick-up fee of $10 for every 15 minutes (or portion thereof) will be charged beginning immediately after the scheduled end time.

If I anticipate being late, I will notify the event staff as soon as possible. Repeated late pick-ups may affect my family's eligibility to participate in future Parent's Night Out events.

9. PHOTO & VIDEO RELEASE (OPTIONAL)

Photos or videos may be taken during the event.

☐ I give permission for photos/videos of my child to be used for promotional purposes, including social media, website, and printed materials.

☐ No, I do not give permission for photos/videos of my child to be used.

10. AUTHORIZED PICK-UP

My child may only be released to the following individuals: (Photo identification may be requested.)

1. _____
2. _____
3. _____

11. PARENT/GUARDIAN ACKNOWLEDGMENT

I certify that I am the parent or legal guardian of the child listed above. I have read this waiver, understand its contents, and voluntarily agree to all terms and conditions.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Drop-Off Time: _____ Pick-Up Time: _____

Thank you for trusting StageFright Academy with your child!

www.stagefrightacademy.org