
Langdon Theatre Association

"Life Skills Through Theatre"

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Chairperson
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2025 STUDENT RELEASE – PARENT APPROVAL FORM

Name of Student:	Group:
Name of Student:	Group:
Name of Student:	Group:
Name of Student:	Group:

As a parent/guardian of the above-named child(ren), I hereby notify the administration of Langdon Theatre Association that I wish my above-named child(ren) to leave the location in which the program is held in when their Drama session is complete each week.

I understand that I am responsible for his/her/their welfare and safety from the moment they leave the class premises. I acknowledge that, while they are off the premises, Langdon Theatre Association board members and Instructors have no responsibility for the supervision of children whose parents/guardians elect for their child(ren) to leave the premises after classes.

I accept that this agreement will remain in effect throughout the 2025-2026 drama season until it is formally rescinded in writing by me.

Name of Parent (Please Print)

Signature

Date

**While your child(ren) are within the location of our program, LTA will supervise them and ask that parents not stay for the duration of the classes. Space is limited and we want the participants to be fully engaged in the program.*