

RED CARPET COMMUNITY THEATRE

Student Liability Waiver & Release Form

PERFORMANCE CAMP

Student's Name _____ DOB: _____
Parent/Guardian(s) _____
Address _____
City _____ State _____ Zip _____
First Emergency Contact _____ Phone _____
Second Emergency Contact _____ Phone _____
Special Health Care Needs and/or Allergies _____

RELEASE AND WAIVER

I hereby give permission for the above named student to participate in RCCT ACADEMY – ADDAMS FAMILY YOUNG @PART CAMP. I declare that I am the parent or legal guardian of the above named child, and I have custody and control of the child. In the event my child is injured or should require medical attention, I hereby request that you contact me or our emergency contact. In the event that we cannot be reached, I hereby authorize Red Carpet Community Theatre's representative(s) to secure necessary medical treatment for my child, including consent to and authorization of medical procedure by physicians, dentists, hospitals or other emergency medical personnel, as they, in the exercise of their sole discretion, may deem necessary. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. I understand that participation in any programs at RCCT may expose my child to activities and equipment which could cause accidents and injuries; I further understand that my child will not be supervised outside of camp time. I understand that as a participant, my child may be climbing on and off of stage and set pieces. I also understand that my child may be running, jumping, dancing, and other varied movements on stage. I understand that my child may be running, jumping, or dancing near moveable set pieces. I assume all risks and hazards to such participation including transportation to and from rehearsals and performances. I hereby waive, release, absolve and indemnify and agree to hold harmless, Red Carpet Community Theatre, its organizers, sponsors, supervisors, and participants from and against any claim for damage, injury loss or death of my child (other than claims that arise as the direct result of active or foreseeable negligence) resulting from participation in any class, program, play or other activity either at the Theatre or at another location including any damage, loss or injury resulting from any failure to abide by the rules as explained to my child by RCCT representative(s) upon onset of activity. With my child's participation in RCCT ACADEMY – ADDAMS FAMILY YOUNG @PART PERFORMANCE CAMP AND/OR ADDAMS FAMILY YOUNG @PART I grant permission to take pictures and recordings of class/performances for publicity and promotional purposes (website, publications, etc.).

MY SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS OF THE ABOVE WAIVER & RELEASE FROM LIABILITY. I CERTIFY THAT I HAVE FULL AUTHORITY TO SIGN THIS WAIVER & RELEASE FROM LIABILITY.

Parent/Guardian (signature) _____ Date _____



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ASSUMPTION OF RISK

An inherent risk of exposure to COVID-19 exists in any public place where people are present. We cannot guarantee that you will not be exposed during your visit to Red Carpet Community Theatre. By attending camp at RCCT, you assume all risks, hazards, and dangers arising from or relating in any way to the risk of contracting COVID-19 or any other communicable disease or illness, or a bacteria, virus, or other pathogen capable of causing a communicable disease or illness, whether occurring before, during, or after the camp or performances, however caused or contracted, and voluntarily waive all claims and potential claims against Red Carpet Community Theatre.

I, THE UNDERSIGNED, ACKNOWLEDGE THAT THE ABOVE INFORMATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND HEREBY GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN RED CARPET COMMUNITY THEATRE'S SUMMER CAMP. I FURTHER ASSUME RESPONSIBILITY AND POTENTIAL COST RESULTING FROM ANY INACCURATE INFORMATION. I CERTIFY THAT I HAVE FULL AUTHORITY TO SIGN THIS FORM WITH REGARDS TO THE ABOVE NAMED CHILD

Parent/Guardian (signature) _____ Date _____

