*In consideration of the acceptance of my child/children into THEATERPLAY TheaterCamp4KidBroadwayAcademy,and TheaterClass4Kids! I hereby waive, release, and discharge any and all claims for damages for personal injury, or property damages which may hereafter occur to me or my child/children as a result of participation in THEATERPLAY. This release is intended to discharge in advance Laura Curley Pendergast (ORGANIZER) and Bedford Square, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.*

PARENTAL CONSENT

I give consent for my child/children \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the THEATERCAMP$KIDSBROADWAYACADEMY activities, and I execute the above liability release on their behalf.

CONSENT FOR TREATMENT

I hereby give my consent to have my child/children treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in THEATERPLAY. It is understood that neither the Organizer nor the Venue will provide medical insurance for such treatment, and that the cost thereof will be at my expense. I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent/Guardian Printed Name Signature Date

PHOTO RELEASE

I hereby authorize Laura Curley Pendergast to publish and/or assign the right to publish the photographs taken of me and/or the undersigned minor children, and our names, for use in THEATERCAMP4KIDSBROADWAYACADEMY marketing materials and souvenirs. I release the Organizer and Venue from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize THEATERPLAY to use their photographs and names. I acknowledge that neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by the Organizer or Venue confers no rights of ownership whatsoever.

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Parent/Guardian Signature

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Minor Child’s Name Age   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Minor Child’s Name Age  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Minor Child’s Name Age