

RELEASE OF LIABILITY *****A separate form must be initialed and signed by parent or guardian for each child registered.***** Name of Child: _____ Date of Birth: _____

I hereby agree as follows: 1Risks of Participation. I fully recognize that there are dangers and risks to which my child may be exposed by participating in Arizona Children’s Theatre (ACT). The following is a description and examples of specific, significant, non-obvious dangers and risks that may be associated with the Program: consenting to being driven by an ACT volunteer or staff member in their personal vehicle. My child may be involved in running, playing, dancing, jumping, and other exhilarating activity. ____Initial 2Health & Safety. I understand and agree that Arizona Children’s Theatre, LLC and its governing board, officers, employees, and agents (the “Releasees”) do not have medical personnel available at the site location (Munds Park Community Church) for my child’s participation in the Program. I understand and agree that the Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by the Releasees shall be subject to the terms of this Agreement. I understand and agree that the Releasees assume no responsibility for any injury, damage or cost which might arise out of or in connection with such authorized emergency medical treatment. I have consulted with a medical doctor with regard to my child’s personal medical needs. There are no health-related reasons or problems which preclude or restrict my child’s participation in this Program. I have arranged, through medical insurance or otherwise, to meet any and all needs for payment of medical costs while my child participates in the Program. I understand that neither the Releasees nor the Facility are obligated to provide transportation in connection with the Program. I understand that I am expected to carry my own automobile liability insurance coverage ____Initial 3Standards of Conduct. My child will comply with Arizona Children’s Theatre’s rules, standards and instructions for student behavior, as well as the Facility’s standards of conduct. I waive and release all claims against ACT and Munds Park Community Church that arise at a time when my child is not under the direct supervision of ACT or that are caused by my child’s failure to remain under such supervision or to comply with such rules, standards, and instructions. I agree that ACT has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the Program, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the Program, Munds Park Community Church, or other student participants. ACT has the right to make changes in the format and administration of the Program. I understand that ACT has no control over the operations or premises of the Facility, and that my child will be under the supervision of an ACT representative while participating at the Facility. ____Initial 4Assumption of Risk and Release of Claims. Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my child’s participation in the Program. To the maximum extent permitted by law, I release and indemnify the Releasees from and against any present or future claim, loss or liability for injury to person or property which my child may suffer, or for which I may be liable to any other person, during my child’s participation in the Program (including periods in transit). ____Initial 5I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall become effective only upon receipt by Arizona Children’s Theatre, LLC and shall be governed by the laws of the state of Arizona, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program. ____Initial

X _____ Signature of

Parent/Guardian Date Emergency Contact Information:

Name: _____ Phone: _____

Relationship of Emergency Contact:
