

Staging Journeys Theater Waiver

I, _____, parent/guardian of _____, recognize that the activities at Staging Journeys may involve physical and outdoor activity, including walking field trips. I grant permission for the above named minor to participate in all activities of the Staging Journeys program for which the above named minor is registered. In consideration of Staging Journeys allowing _____ to participate in its activities, I assume all risks and hazards incidental to such participation, including risk of serious injury to the minor, and do hereby waive on the minor's behalf and on behalf of myself and other relatives of the minor, any and all claims relating to such participation against Staging Journeys, its employees, organizers, volunteers and other participants. Staging Journeys or its representative has my permission, in an emergency where I cannot be located immediately, to transport my child at my expense to the emergency room of the nearest hospital. The hospital and its staff have my permission to provide treatment which is deemed necessary for the well being of my child.

I grant Staging Journeys permission to use video and still images of my child participating in programming for use in Staging Journeys materials and publications, both online and in print.

I have provided Staging Journeys with any important information regarding my child's allergies, medications and emergency contacts.

Emergency Contacts:

1. _____

2. _____

The following adults have my permission to pick my child(ren) up from Staging Journeys programming and will provide identification to Staging Journeys staff at the time of pick up:

Signature of Parent or Guardian

Date