

BLUE ROSE THEATRE PROJECT RELEASE OF LIABILITY

Please take the time to read, initial, sign and return at the auditions.

MEDICAL TREATMENT PERMISSION & RELEASE

I give my permission to Blue Rose Theatre Project, Sing Your Song, its employees, agents, assigns, or contractors to secure needed medical or dental treatment for my child. I agree to assume financial responsibility for the cost of such treatment.

The laws of the State of California shall apply to this Medical Treatment Permission & Release. If any of the provisions, terms, clauses, or waivers or releases of claims or rights contained herein are declared illegal, all other provisions, terms, clauses and waivers and releases of claims and rights contained herein shall remain valid and binding.

Initial: _____

LIABILITY

I understand that there are hazards and risks, as well as benefits, associated with my child's participation in educational, recreational, and/or performance activities in Blue Rose productions; including but not limited to the risk of theft, damage to personal property, and/or personal injury. I, on behalf of myself, my child, my or their heirs, executors, administrators, agents, assigns, and other personal representatives, irrevocably and unconditionally remise, release, settle, compromise and forever discharge any and all manner of suits, actions, causes of action, damages and claims, that I or my child, have or may have against Blue Rose Theatre Project, Sing Your Song and/or its trustees, officers, employees, agents, assigns, or contractors.

Initial: _____

IMAGE/NAME PERMISSION & RELEASE

Occasionally, Blue Rose Theatre Project staff members wish to photograph, videotape, or otherwise record the activities of our theatre school students for publicity uses or for our archives. I give permission for my child as a participant in the Program to be videotaped, photographed or otherwise have his or her image and voice recorded, in connection with the Program. I give permission for Blue Rose Theatre Project and Sing Your Song to use said videotape, photograph, name and/or recorded materials. I hereby waive and release any rights that I may have to said videotaped, photographed, and/or

recorded materials.

Initial: _____

REFUND POLICY

I understand that after my child attends their first day of rehearsal no refunds will be issued for any reason. Initial: _____

I am an adult, competent to sign this document. My initials by each section above, and signature below, indicate I have read and understand the contents.

ACCEPTED AND AGREED BY:

_____ Parent's/Guardian's Name Date

_____ Parent's/Guardian's Signature Date

_____ Student's Name Date of Birth

_____ Address City State Zip Code

Home
Phone: _____ CellPhone: _____

Parent's E-Mail 1:

Parent's E-Mail 2:

Student's E-Mail (if parents give permission)

Please list any food allergies, or medical conditions your child has or medications they are currently taking:

Production Fee \$350*

Payment: Cash Check Amex MC Visa

Card # _____ Exp. _____

Sec. Code _____ Name on Card _____

Signature

Amount to be charged \$ _____

I authorize my card to be charged for the above amount.

* 10 % sibling discount is available

