



CONTACT SHEET/PERMISSION FORM - MINORS

Name:

Age:

Address (*Street, City, Zip*):

Home Phone:

Cell Phone:

Email Address:

Mother's Full Name:

Mother's Daytime Phone

Father's Full Name:

Father's Daytime Phone

In case of an emergency when neither parent can be reached, please list at least one relative or friend:

Name:

Relationship

Phone:

Name:

Relationship

Phone:

In order to keep our staff informed and aware, please list any medical information (allergies, medications, physical limitations, etc.) about your child.

Parents must read and sign below:

MEDICAL RELEASE

It is understood that children participating in this Rockwall Community Playhouse activity will be engaging in rehearsals, doing physical exercise. Although RCP will attempt to give proper instruction and supervision, it does not take responsibility for the safety of participants. By allowing my child to participate in Rockwall Community Playhouse, I and my child waive any and all liability on the part of RCP, its employees, staff and volunteers, and agree to indemnify and hold Rockwall Community Playhouse Board, Staff, and Volunteers harmless. I also agree to allow RCP staff to obtain medical treatment for my child in case of an emergency when neither nor my designated representative(s) listed above can be reached.

PUBLICITY RELEASE

By participating I hereby give Rockwall Community Playhouse the right and permission (with respect to my child's name/likeness)

- a) To record/photograph likeness, performance and participation;
- b) To copyright the same in its own name or in any other name which it may choose;
- c) To telecast the communications of the recording thereof one or more times over any Internet site, station or stations, or to publicize the Communications or any portion thereof by any means, for any purpose whatsoever in whole or in part, including (but not by way of limitation), promotion, advertising, trade; and
- d) To use my child's name in connection therewith if it so chooses.

I acknowledge that Rockwall Community Playhouse will be the sole owner of all publicity rights. I hereby assign any copyright rights, publicity rights or any other rights that I may have regarding the communications to Rockwall Community Playhouse. I also hereby release Rockwall Community Playhouse from any and all claims of any nature whatsoever which I could or might have against the Releases by reason of any fact or matter whatsoever.

ZERO TOLERANCE ACKNOWLEDGEMENT

It is understood that RCP has a policy of zero tolerance for the use of alcohol or illegal drugs or being under the influence of same while participating in rehearsals, work sessions and/or performances. It is also understood that this policy extends to alcohol use by minors at any time, including at gatherings other than rehearsals, work sessions and performances when adults may be consuming alcohol.

Parent Name (Please Print) _____ Date: _____

Parent Signature _____