

HOPE MUSICAL THEATRE - SUMMER 2017

Registration continued/Consent form

I hereby give consent for my son/daughter: (print child's name) _____ to participate in Hope Musical Theatre 2017 season.

I am aware that my child will be involved in the normal hazards of theatrical activities. In consideration of acceptance of this application, intending to be legally bound, hereby, for ourselves, our heirs, executors and administrators waive and release all rights and claims that may arise against Hope Musical Theatre, and any persons affiliated with this camp/workshops. I give permission to the director of Hope Musical Theatre to provide and approve immediate and responsible emergency care and transportation should it be required.

I give permission to the directors of Theatre to provide and approve immediate and responsible emergency care and transportation should it be required. Hope Musical Theatre reserves the right to dismiss campers without refund if either campers or parents interfere with the smooth operation of the camp/workshop program.

I hereby grant Hope Musical Theatre full rights to copyright, exhibit, and publish in any medium including, but not limited to, editorial, illustration, promotion, advertising, internet, or photographs taken by Hope Musical Theatre and its agents of my child at Hope Musical Theatre.

I also authorize my son/daughter to participate in any athletic activities including dance or gymnastics during Hope Musical Theatre Season and all rehearsals and or performances. I understand that with any athletic or physical activity, my son/daughter may risk physical injury. I release any liability or responsibility with Hope Musical Theatre and its instructors and choreographers.

HMT does not provide coverage through Workers' Compensation, and your own personal medical insurance is primary in case of bodily injury.

Please list any food allergies, health conditions, special needs, learning disabilities, behavioral issues, etc. of which we should be aware or that would better help us to understand your child: (please print clearly..)

EMERGENCY CONTACT:

Name: _____ Relation: _____ Phone: _____

"Hold Harmless Agreement" The undersigned agrees to defend, indemnify and hold harmless, Hope Musical Theatre and its officers, employees, servants and agents thereof from any and all claims, suits or actions for injuries to persons, including death, and damage to property of others or of the undersigned that may arise from or result in any way from the operation of this Agreement.

PARENT NAME: (print) _____

PARENT SIGNATURE: _____ DATE: _____

* How did you hear about HMT Summer Camp? _____

CARPOOL: Please list all people that have permission to pick up your child. _____

CANCELLATION FEE/CHANGE FEE:

No refunds after April 1.

\$100 fee for cancellations before April 1st.

\$25 Change Camp or Switching Fee.