



### Parental Permission and Release Form

I \_\_\_\_\_ as parent/legal guardian of \_\_\_\_\_ hear by give my consent for participation in programs with Ensemble Theatre Company, Ltd. I assume all risks and hazards incidental to participating, and do hereby waive, release. Absolve, indemnify, and agree to hold harmless Ensemble Theatre Company, Ltd, their staff, volunteers, program location venue, and any sponsoring agency for any claim arising out of loss or injury that the participant might sustain while engaged in this program. I understand that insurance is not provided and that none of the sponsoring agencies are responsible for the medical condition of the participant listed in the space above.

In the event that I cannot be reached in an emergency, I give my permission to the physician selected by Ensemble Theatre Company, Ltd to hospitalize and secure proper measures of treatment for the child names above. Medical bills will be the responsibility of the parent/guardian named above. If my child has an allergy or medical condition, I understand that I must provide any specific written details and/or medications to Ensemble Theatre Company, Ltd prior to their first day of participation, and if I fail to do so, my child will not have access to them.

Rules for students are the same for everyone without regard to race, color, national origin, gender, or disability. I understand that all students will be treated as individuals and respect will be shown for a range of abilities and behaviors. The student agrees to abide by all the rules and regulations set forth by the Directors for the health, safety, and welfare of everyone. I understand that, in the event of an issue arising in this arena, the Directors will contact the parent/guardian. Also if there are concerns by the parent/guardian they should be brought to the attention of the Directors.

Child's name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Parent/Guardian Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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