



**4025 31st Street South
St. Petersburg, FL 33712
(727) 866-1973**

**Parental Consent Waiver / Release of Liability
And Assumption of Risk Agreement
2017-18**

FOR GOOD AND VALUABLE CONSIDERATION, including permission for _____ (“the Minor”) to participate in those 2017-18 St. Petersburg City Theatre educational programs, workshops, camps, productions and related activities for which the Minor has been signed up and tuition tendered, I, the parent/guardian of the Minor for myself and on behalf of the Minor:

1. Consent to the Minor’s or my participation in the event or activity; and agree that prior to the Minor’s or my participation in the event or activity the Minor and I will inspect the facilities, equipment, and areas where the event or activity is being conducted and, if either of us believes any of them are unsafe, I will immediately advise the person supervising the event, activity, facility or area of these facts.
2. Acknowledge that the Minor and I fully understand that the Minor’s or my participation may involve risk of serious injury or death, including economic losses, which may result not only from the Minor’s or my own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, the rules of play, or this type of event or activity.
3. Release, waive, discharge and relinquish **St. Petersburg City Theatre**, and its officers, volunteers, and agents from any liability, loss, damage, claim, demand or cause of action against them attributable to the Minor’s or my participation in the event or activity, whether same shall arise by their negligence or otherwise.
4. Agree to indemnify, save and hold harmless **St. Petersburg City Theatre** and each of its officers, volunteers and agents from any loss, liability, damage or cost that may occur due in any manner or degree to the presence of the parent/guardian or the Minor’s participation in the event or activity, whether caused by negligence of **St. Petersburg City Theatre**, *its agents or any other person*. The parent and/or guardian further recognizes and agrees that they are executing this waiver and release of liability on behalf of themselves and on behalf of the Minor.

_____ Initial Here

Parental Consent Waiver / Release of Liability
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5. Assume any and all risks of personal injuries to the Minor or myself and authorize **St. Petersburg City Theatre** to contact or employ a licensed physician to render any medical treatment that may be deemed necessary for the Minor or myself or to take and admit the Minor or myself to any hospital. If such medical treatment or hospitalization is required, I agree to pay all medical and hospital bills relating thereto, including but not limited to, any bills related to permanent or partial disability, or death and/or damages to the Minor or myself, or any property thereof, caused by or arising from the Minor's or my participation in the event or activity.

6. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death for or on behalf of the Minor or myself against **St. Petersburg City Theatre** and its officers, employees, and agents attributable to the Minor's or my participation in the event or activity.

7. Agree that photographs, pictures, slides, movies or videos of the Minor or myself may be taken in connection with the Minor's or my participation in the event or activity without compensation from **St. Petersburg City Theatre**, and consent to the use of photographs, pictures, slides, movies or videos for any legal purpose.

8. Warrant that both I and the Minor are in good health and have no physical condition that would prevent the either of us from participation in the event or activity.

9. Acknowledge that **St. Petersburg City Theatre** is not a joint sponsor, joint venturer, partner or otherwise jointly engaged in the above named event or activity *with any other entity, organization or person, and that any sponsor, contributor or supporter of St. Petersburg City Theatre is not responsible for any action or condition present in the event or activity.*

Parent/Guardian Signature
Print Name: _____

Date

If a participant is under the age of 18, a parent or guardian signature is required prior to participation.



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Contact Information 2017-18

Student/Intern Name(s): _____

1. _____ Age: _____ Date of Birth: _____

Cell #: _____ E-mail: _____

School attends: _____

2. _____ Age: _____ Date of Birth: _____

Cell #: _____ E-mail: _____

School attends: _____

Mother/Guardian Name: _____

Cell #: _____ Work #: _____ E-mail: _____

Home Address: _____

Home Phone #: _____

Father/Guardian Name: _____

Cell #: _____ Work #: _____ E-mail: _____

Address (if different): _____

Home Phone # (if different): _____

Marital Status: ___ Together ___ Divorced ___ Separated ___ Widowed

Student Resides with: ___ Mother ___ Father ___ Both ___ Guardian ___ Other

Other Emergency Contact Name: _____ Relationship: _____

Cell #: _____ Home#: _____ Work #: _____

Other Emergency Contact Name: _____ Relationship: _____

Cell #: _____ Home#: _____ Work #: _____

Special Medical Instructions (if any), including any allergies and medications the child takes:



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Emergency Form 2017-18
(complete one per child)

TO WHOM IT MAY CONCERN:

I hereby give my consent to _____ Hospital to administer necessary
treatment to my child, _____, in the event of an emergency at
which time I cannot be reached. I give my consent to transport by ambulance if the situation so warrants.

PHYSICIAN: _____ PHONE: _____
DENTIST: _____ PHONE: _____

CHILD'S KNOWN ALLERGIES:

MEDICINE YOUR CHILD IS TAKING NOW: _____

OTHER HELPFUL INFORMATION IN CASE OF EMERGENCY: _____

HAS THIS CHILD HAD SURGERY? ____ Yes ____ No
If yes, please describe: _____

HAS THIS CHILD HAD SEIZURES? ____ Yes ____ No
If yes, list the medication the child is taking for the seizures: _____

DATE OF LAST TETANUS/DPT: _____

INSURANCE COMPANY COVERING CHILD: _____
MEMBER'S NAME: _____
MEMBER NUMBER: _____ GROUP NUMBER: _____

Parent/Guardian Signature Date: _____
Print Name: _____

STATE OF _____
COUNTY OF _____
On the _____ day of _____, 20____, before me came _____ who is
known to me or presented _____ as identification, and who executed the foregoing instrument and
acknowledged that he/she executed the same.

Notary Public
My Commission expires: _____