

The Flagship Theatre, LLC Student Liability Waiver Form

Student's Name _____ DOB _____

Parent(s)/Guardian(s) _____

Address _____

City _____ State _____ Zip _____

First Emergency Contact _____ Phone _____

Second Emergency Contact _____ Phone _____

Special Health Care Needs _____

RELEASE AND WAIVER: The undersigned understands that participation in any programs at The Flagship Theatre, LLC may expose Students to activities and equipment which could cause accidents and injuries, and that Students will not be supervised outside of class time. In consideration of Student's acceptance into The Flagship Theatre, LLC programs, the undersigned does hereby release, waive, discharge, indemnify and hold harmless The Flagship Theatre, LLC, its owners, directors, officers, employees and agents, from and against any claim for damage, injury, loss or death to the above-named Student resulting from participation in any class, program, play or other activity either at the Theatre or at another location including any damage, loss or injury resulting from any failure to abide by the rules as explained to student by The Flagship Theatre staff upon onset of activity. With a child's registration in class, **Parent/Guardian grants permission to take pictures and recordings of class/performances for publicity and promotional purposes (website, publications, etc.)**

HEALTH CARE AUTHORIZATION: The undersigned hereby authorizes The Flagship Theatre, LLC employees to do any act which may be necessary or proper to provide emergency health care of any Student in the event that the Parent/Guardian cannot be reached, including consent to and authorization of medical procedure by physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their sole discretion, may deem necessary. The undersigned understands that he/she is responsible for all costs and expenses of such medical treatment.

I HAVE READ THE ABOVE WAIVER AND CONDITIONS OF PARTICIPATION AND RELEASE LIABILITY AND BY SIGNING, I AGREE THAT IT IS MY EXPRESS INTENT TO EXEMPT AND RELIEVE THE FLAGSHIP THEATRE, LLC AND ITS EMPLOYEES FROM LIABILITY AND PERSONAL INJURY OR WRONGFUL DEATH OTHER THAN CLAIMS THAT RISE AS THE DIRECT RESULT OF ACTIVE OR FORSEEABLE NEGLIGENCE, I CERTIFY THAT I HAVE FULL AUTHORITY TO SIGN THIS RELEASE AND AUTHORIZATION.

Parent/Guardian _____ Date _____