



ACADEMY OF COMMUNITY THEATRE

Bringing Literature to Life

PARENTAL CONSENT FORM

CONTRACT: If my child is cast in the play, I will commit to him/her being at all rehearsals that he/she is scheduled for, unless it is specified on the audition form or if he/she is sick. Unexcused absences will jeopardize his/her part in the play, as well as casting in future productions. I am aware that my child will need to miss three days of school (November 10-12, 2021) to rehearse or perform for local schools.

TUITION PAYMENT: I am aware that tuition will be charged IF my child is cast. Since we are an academy, performers will not only prepare and perform in the show, they will be given substantial training, hence the tuition.

MEDICAL RELEASE: In the event of an emergency, I hereby authorize an agent of the Academy of Community Theatre (ACT II) to act on the behalf of my child to seek emergency medical treatment if I am unable to be reached, in the event that such treatment is deemed necessary by that agent. I authorize the physician selected by said agent to administer such emergency treatment as said physician deems necessary (in his/her judgment) under the circumstances. I understand and agree that I will be responsible for payment of said physician's fee and any and all other fees or expenses associated with such treatment.

I understand that the novel coronavirus causes the disease known as COVID-19. I understand COVID-19 has an incubation period during which the carriers of the virus may not show the symptoms and may still be contagious.

I agree that for the safety of everyone, I will keep my child home when sick or exposed to a COVID-positive individual until any needed quarantine has passed.

I understand the staff of ACT will strive to minimize the spread of COVID-19, but I will not hold the Academy of Children's Theatre (ACT), its employees, or representatives responsible should my child contract COVID-19.

I agree to indemnify and hold harmless the Academy of Community Theatre (ACT II), its officers, employees, agents, consultants, subcontractors, insurers and representatives, for any loss, damage, or injury to myself or my property in any way related to my participation in ACT II programs. This release of liability applies to me as well as any of my children, personal representatives, assigns, heirs, and next of kin.

PHOTO RELEASE: I give the Academy of Community Theatre (ACT II) and the Academy of Children's Theatre (ACT) permission for photographs and video taken of my child and his/her work in rehearsal and in performance for publication in ACT and/or ACT II marketing materials and in informational publications, including our website. I understand that there is no financial or other compensation for its use.

Child's Printed Name: _____

Parent's Printed Name: _____

Parent's Signature: _____

Date: _____