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# *Langdon Theatre Association*

*"Life Skills Through Theatre"*

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## **2019 STUDENT RELEASE – PARENT APPROVAL FORM**

**Name of student:**

**Group:**

**Name of student:**

**Group:**

**Name of student:**

**Group:**

**Name of student:**

**Group:**

As parent/guardian of the above named child(ren), I hereby notify the administration of Langdon Theatre Association that I wish my above named child(ren) to leave the location in which the programme is held in after their Drama session is over.

I understand that I am responsible for his/her/their welfare and safety from the moment they leave the class premises. I acknowledge that, while they are off the premises, Langdon Theatre Association board members and Instructors have no responsibility for the supervision of children whose parents/guardians elect for their child(ren) to leave the premises after classes.

I accept that this agreement will remain in force throughout the 2017/2018 drama season until it is formally rescinded in writing by me.

Name of Parent/Guardian: \_\_\_\_\_  
(Please Print)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_