

# Shining Stars Theater Program

## PARENTAL CONSENT AND RELEASE OF LIABILITY

Every Participant must have a completed and signed release form turned in prior to the first day of the program in order to participate. ALL areas must be completed.

I \_\_\_\_\_, as parent or legal guardian of \_\_\_\_\_, a minor (hereinafter "my child"), hereby grant the permission necessary to allow my child to participate in the above social skills program to be conducted by Amazing Transformations, LLC to be held at Haddonfield Plays and Players in Haddonfield, New Jersey. I, on my own behalf and on behalf of my child, representatives, executors, administrators and assigns, do hereby release, relieve, covenant not to sue and forever discharge, indemnify and hold harmless, Amazing Transformations, LLC and Haddonfield Plays and Players, its trustees, officers, agents, employees, students, and volunteers (hereinafter collectively "Releasees") of any and from all claims, demands, rights, liabilities, losses, expenses, and causes of action (with the exception of gross negligence or willful misconduct) of whatever kind or nature including, but not limited to, negligence, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from any participation in or in any way connected with or arising out of or connected with the *Shining Stars Theater / Social Skills Program*, including any claim arising out of or connected with any illness or injury that my child may incur or sustain during the program, all activities associated with the program. I, on my own behalf and on behalf of my child, hereby warrant that I have read this Release of Liability in its entirety and fully understand its contents. I, on my own behalf and on behalf of my child, am aware that this Release and Liability releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness.

**Medical Release.** I, on my own behalf and on behalf of my child, acknowledge and agree that such participation subjects my child to possibility of physical illness or injury and that I, on my own behalf and on behalf of my child, acknowledge that my child is in good health, physically fit and mentally capable of participating in activities related to the *Shining Stars Theater Program*, and is covered by accident and health insurance, and I hereby give full approval for my child's participation in the program. In the event of such illness or injury, I authorize the staff of Amazing Transformations, LLC to obtain necessary medical treatment for my child and hereby, on my own behalf and on behalf of my child, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of my child for any illness or injury that my child may sustain during the *Shining Stars Theater Program* and while traveling to and from the program site.

**Insurance and Medical Information** I represent that any medication to which my child is allergic or medications that my child is currently taking are listed below. I agree that my child shall not bring medications which he or she is currently taking with him/her to the program unless other arrangements have been made with the site supervisor. I understand that staff of Amazing Transformations, LLC will not administer or supply any type of medication at the program.

**Medications if any:** \_\_\_\_\_

**Allergies if any:** \_\_\_\_\_

**I acknowledge that my child suffers from the following conditions:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_ **Child's DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Medical Insurance Policy/Group Number :** \_\_\_\_\_ **Insurance Company Phone # :** \_\_\_\_\_

**Emergency Contact :** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Home Phone Number:** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_ **Work:** (\_\_\_\_) \_\_\_\_\_

**Additional Emergency Contact:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Home Phone Number:** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_ **Work:** (\_\_\_\_) \_\_\_\_\_

By signing below, I, on my own behalf and on behalf of my child \_\_\_\_\_ hereby acknowledge that I have carefully read and understood the above before signing and agree to comply with the above provisions. I intend this to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that, if any portion of the Release is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

**Signature of Parent or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_