



RELEASE FORM & WAIVER

Camper(s) Name(s): _____

Date of Birth of Camper(s): _____

Parent or Legal Guardian _____

Mailing Address Street: _____

City: _____ Prov: _____ PC: _____ Home Phone: _____

Cell: _____ Email: _____

Please describe any issues, medical concerns or allergies Suitcase Theatre should know about your child to ensure a positive experience.

NAMES OF PERSONS AUTHORIZED TO PICK UP YOUR CHILD (other than parents):

Name: _____ Tel: _____

EMERGENCY CONTACT(S):

Name: _____ Tel: _____

RELEASE + INDEMNITY

As the parent or legal guardian of _____, I give my consent for them to participate in Suitcase Theatre's program.

- I acknowledge that I must inform Suitcase Theatre of any issues regarding the wellbeing of my child in order to participate in the program. All information will be confidential.
- I acknowledge that Suitcase Theatre will not be held responsible for any illness, sickness, accident or injury to the student or for any damage to personal property resulting from participation in the program.
- I give Suitcase Theatre my authority to secure medical attention for my child should the instance arise and agree to pay for any expenses incurred.
- I grant permission for images and/or video of my child to be used as part of the program and for promotional purposes without compensation.

I have read, understand and agree to the terms above.

Signature:

Date:

Please add my email for program and community event updates. YES NO