

Debut Theatre Company 2020

Medical Permission and Physical Waiver

I give Debut Theatre Company staff permission to seek medical treatment for

_____ (Student's Name)

in case of emergency in which I or my designated emergency contact cannot be reached.

Parent/Guardian Signature: _____

Date: _____

I understand that there are inherent physical dangers involved with theatre (not limited to: power tools, sewing necessities, raised sets, lighting instruments and costume weapons) and I agree to waive any responsibility on the part of Debut Theatre Company or it's staff for injuries caused by such, that were not the result of gross negligence on the part of Debut Theatre Company or it's staff.

Parent/Guardian Signature: _____

Date: _____

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## Photo/Video Release

I hereby give permission for images of my child, captured during regular and special Debut Theatre Co. rehearsals and productions, through video, photo and digital camera, to be used solely for the purpose of Debut Theatre Co. promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of participant (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

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Policies

By signing below I acknowledge that I have received, reviewed and understand the "Our Roles" handout and the Debut Theatre policies handout. I further agree to review said handouts with my student.

Parent/Guardian Signature: _____

Date: _____

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