

# **Debut Theatre Company**

## **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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**Unless we hear otherwise, we will use this form and keep it on file.**