



One Day Summer Camp

Please answer all of the questions completely and submit it on or before the first day of camp. Your child will not be eligible to participate in our awesome camp until you complete this form. Thanks!

Student Information

Student Name: _____

If the student has any allergies, please provide additional information below. If you have concerns about this you may always pack your own snack or contact us to get the items that will be served at camp.

Allergy Information: _____

If the student requires special assistance, please provide additional information below. This would include anything that you think our team of teachers should be aware of so we can make the camp experience as awesome as possible.

Special Assistance Information: _____

Emergency Information

Emergency Contact (Name & phone number):

Contact #1: _____

Contact #2: _____

WAIVER & RELEASE

Consideration: I acknowledge the personal benefits accruing to my child by reason of participation in the above described event and am aware of the activities which my child will be involved through said participation.

Release/Indemnification: I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue Threshold Repertory Theatre, its directors, employees, agents, volunteers, and affiliates from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my child's participation in the even activities (the "Claims"). I agree to indemnify and hold harmless Threshold Repertory Theatre for any such Claims brought by me or third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

Assumption of Risk: I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

Medical Emergency: In the event of an injury or medical emergency, I understand that the camp instructor, not Threshold Repertory Theatre, will be responsible for the medical care of all attendees. It will be the camp instructors responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians or minors. I release Threshold Repertory Theatre from any and all liability related to medical treatments. In addition, I assume the risk and financial responsibility for any injury resulting from attendee's participation in all camp events.

Understanding: I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had ample opportunity to obtain the advice of counsel and that, by signing the document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held

invalid, the remaining shall continue in full force and effect. To the extent the restriction of filing lawsuits is deemed unlawful, I agree to submit any Claims to a mediation organization for binding resolution.

Media Consent: I give my consent and permission for the taking of photographs and/or video of my child during the described event and waive and/or assign any and all rights (including copyright) in such media to Threshold Repertory Theatre, as the sole owner of such media, shall have exclusive rights to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.

Your Email: _____

Printed Name: _____

Signature: _____

Date: _____ **Relationship to student:** _____