

**Theatre Kavanah & In Tandem Arts  
Media Consent and Waiver – 2016**

Please read and sign the media waiver below. This allows us to use your child's picture, etc. in our publicity and fundraising efforts.

I, as parent or guardian of the child(ren) listed herein, release to *Theatre Kavanah* and *In Tandem Arts* any and all rights that I or my child(ren) might have to any photography, video, sound recording of, or showing my child(ren) while participating in the Brundibar Project, all of which may be used by the Theatre Kavanah and In Tandem Arts for any and all purposes, including advertising or other promotional purposes.

Do you give your consent? (Please enter "yes" or "no") \_\_\_\_\_

Name(s) of child(ren) (print) \_\_\_\_\_

Name of Parent/Guardian (print) \_\_\_\_\_ Date \_\_\_\_\_

**Medical Consent and Waiver 2016**

I request that my child(ren) named below be allowed to participate in the *Brundibar: A Musical Tale* Program. I understand that from time to time during the Program, my child(ren) will participate in activities that may involve the risk of injury, including various types of games. I, as parent or guardian of my child(ren), knowingly, voluntarily, and irrevocably agree to accept full responsibility and assume all risks associated with participation in the Program, including risks of injury or death.

I certify that my child(ren) is/are physically and mentally capable of participating in the Program. I grant permission for my child(ren) to receive medical attention in the event that a parent or guardian cannot be reached or in an emergency situation where it is not feasible to try to reach a parent or guardian.

I, as parent or guardian of the child(ren) listed below, knowingly, voluntarily, and irrevocably waive any claim or cause of action that I or my child(ren) might have against Theatre Kavanah, In Tandem Arts, or its employees, agents, or volunteers, arising out of my child(ren)'s participation in the Program, including those involving injury or death. I acknowledge and agree that Theatre Kavanah and In Tandem Arts, its employees, agents, or volunteers, shall not be responsible for the loss or theft of my child(ren)'s personal property while attending or participating in the Program.

MY SIGNATURE BELOW CONFIRMS THAT I HAVE READ CAREFULLY THIS CONSENT AND WAIVER AND SIGNIFIES MY ACCEPTANCE OF THESE TERMS ON BEHALF OF ME AND MY CHILD(REN) AND MY DESIRE THAT MY CHILD(REN) PARTICIPATE IN THE PROGRAM.

Name(s) of Child(ren) (print) \_\_\_\_\_

Name of Parent/Guardian (print) \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Name of Physician: (print) \_\_\_\_\_ (phone) \_\_\_\_\_

Physician's Street Address: \_\_\_\_\_

Emergency Contact: (name) \_\_\_\_\_ (phone) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ (date) \_\_\_\_\_