

**Very Merry Theatre
Media Consent and Waiver 2013**

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

I, as parent or guardian of my child(ren), release to Very Merry Theatre (VMT) any and all rights that I or my child(ren) might have to any photography, video, or sound recording of or showing my child(ren) while participating at the VMT camp, all of which may be used by the VMT for any and all purposes, including advertising or other promotional purposes.

Do you give your consent? (yes/no) _____

Name of child(ren) (print) _____

Parent/Guardian (print) _____ Date _____

Medical Consent and Waiver 2013

I request that my child(ren) named below be allowed to participate in this Very Merry Theatre program. I understand that from time to time during the Program my child(ren) will be riding in motor vehicles driven by volunteers and VMT staff with my permission. I also acknowledge that from time to time my child(ren) will participate in other 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 the parent or guardian.

I, as parent or guardian of my child(ren), knowingly, voluntarily, and irrevocably waive any claim or cause of action that I or my child(ren) might have against the Very Merry Theatre, 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 the Very Merry Theatre, or 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 of Child(ren) (print) _____

Parent/Guardian (print) _____

Telephone: (home) _____ (work) _____

Name of Physician: (print) _____ (phone) _____

Physician's Street Address: _____

Emergency Contact: (name) _____ (phone) _____

Signature of Parent/Guardian: _____ Date: _____