



# Flat Rock Playhouse Student Liability Waiver Form

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Male

Female

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

email (please print) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Special Health Care Needs \_\_\_\_\_

Special Learning/Developmental Needs \_\_\_\_\_

Insurer & Policy # \_\_\_\_\_

**\*\*\*READ CAREFULLY BEFORE SIGNING\*\*\***

**RELEASE AND WAIVER:** *The undersigned understands that participation in YouTheatre or other educational programs at Flat Rock Playhouse will expose students to activities and equipment which can cause accidents and injuries, and that Students will not be supervised outside of class time. The undersigned acknowledges receipt of the "Conditions of Participation" and agrees to abide by the requirements contained therein. In consideration of Student's acceptance into FRP/YouTheatre programs, the undersigned does hereby release, waive, discharge, indemnify and hold harmless The Vagabond School of the Drama, Inc. (Flat Rock Playhouse), its directors, officers, employees and agents, from and against any claim for damage, injury, loss or death to the above-named Student resulting from participation in any class, program, play or other activity either at the Playhouse or at another location, including any damage, loss or injury resulting from any failure to abide by the "Conditions of Participation." With a child's registration in classes, parent/guardian grants permission to take pictures and recordings of class/performances for publicity and promotional purposes (website, publications, etc.).*

**HEALTH CARE AUTHORIZATION:** *The undersigned hereby authorizes Flat Rock Playhouse employees to do any acts which may be necessary or proper to provide emergency health care of any Student in the event that the Parent/Guardian cannot be reached, including consent to and authorization of medical procedures by physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their sole discretion, may deem necessary. The undersigned understands that (s)he is responsible for all costs and expenses of such medical treatment.*

**I HAVE READ THE ABOVE WAIVER AND RELEASE LIABILITY AND BY SIGNING, I AGREE THAT IT IS MY EXPRESS INTENT TO EXEMPT AND RELIEVE THE VAGABOND SCHOOL OF THE DRAMA, INC. AND ITS EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY OR WRONGFUL DEATH OTHER THAN CLAIMS THAT RISE AS THE DIRECT RESULT OF ACTIVE OR FORESEEABLE NEGLIGENCE. I CERTIFY THAT I HAVE FULL AUTHORITY TO SIGN THIS RELEASE AND AUTHORIZATION.**

Student (if over 18) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

FRP will keep this form on file throughout a student's enrollment in FRP/YouTheatre Programs.  
Please notify the staff of any changes to the above information. Thank you.