

Get in the Act!
Theater Arts Academy
Participation Form

Website: www.getintheact.org
E-mail: dshandzel@yahoo.com or info@getintheact.org
Diane Handzel, Executive Director

P.O. Box 4726
Stateline, Nevada 89449
(775) 588-8614

Checks made out to: Get in the Act! Please mail payment to the above address - tuition must be received within 7 days of reservation.

Participant Information

Last Name	First Name	Age	Grade	Sex	Birth Date	Class Name
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Adult Information:

Mother's Name (Last): _____ (First): _____

Father's Name: (Last): _____ (First): _____

Physical Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone (home) _____ (work) _____ (cell) _____

email _____ (other) _____

Emergency Information for children under 18

Does your child have any special needs/medications we should know about? Any known medical problems (allergies, vision, hearing)

What action should be taken in the event of a medical emergency? _____ Whatever is necessary

Other: _____

Who should be contact in case of emergency (other than adult on this form)?

Name: _____ Phone (daytime) _____ (night) _____

Get in the Act! Theater Arts Academy - Pick Up Authorization:

List the person(s) with permission to pick up your child(ren) from a program:

Name: _____ Phone (daytime) _____ (night) _____

Name: _____ Phone (daytime) _____ (night) _____

I, _____, for the full and adequate consideration of being

(Signature of participant or name of Parent of child)

allowed to participate myself or my minor child being permitted to participate in the performing arts and recreation programs and the use of facilities and properties (both personal and real of the Get in the Act, Inc. on behalf of myself and on behalf of my heirs, executors, administrators, waive and release Get in the Act, Inc. and each of their officers, directors, agents and employees or independent contractors (the Released and Indemnified Parties) from any and all claims, expenses, costs or liability of any nature or kind arising directly or indirectly from participation in the activities of the Released Parties or the condition or use of personal property or real property of the Released Parties.

I do expressly covenant and agree to refrain from bringing and action, proceeding or claim in any form against the Released Parties for damages, injuries or expenses related directly or indirectly to participation in the programs or activities of the Released Parties, including any claims for attorneys fees, costs, expert witness fees, medical costs or any other claim or expense.

I certify by execution of this Agreement that I have the authority and capacity to enter this Agreement.

I agree that there are no implied representations, warranties or conditions to the enforcement of the obligations contained herein. I understand that the recreation and performing arts activities my have dangers and risks of injury associated with them which can be avoided by not participating in the activities. I agree that the participant may be photographed and the photographs may be used in promotion of any program or activity by the Released Parties or any other party without notice or compensation. I certify that I have carefully balanced the risks and obligations undertaken by my signature herewith against the alternatives of not participating and voluntarily elect participation and to execute this Agreement.

In signing below, I certify that (1) I have read the Release and Waiver of Liability and Agreement to Indemnify from Claims and Expenses: and (2) I agree to fully perform the Release and Waiver of Liability and Agreement to Indemnify from Claims and Expenses.

The use of Photography at Get in the Act!

Students who participate in Get in the Act! Theater Arts Academy pictures may be taken and will only be used for advertising and promoting the program. Pictures may be used in newspapers, fliers, posters and showcase information. All names will be withheld.

Students may be dismissed from the Academy for any reason including, without limitation, rude, disruptive or disrespectful behavior, excessive tardiness and/or absences, and nonpayment of fees. Students may withdraw at any time for any reason from the Academy.

This participation form will be on valid and on record for as long as the student(s) participants in Get in the Act! programs.

MEDICAL TREATMENT AUTHORIZATION

I, the undersigned, as parent, or legal guardian of above said child, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis, treatment of hospital care rendered to the minor under general or special supervision of any member of the medical staff or emergency room staff duly licenced under the provisions of the Medicine Practice Act, or a dentist duly licensed under the provisions of the Dental Practice Act. The undersigned hereby agrees to bear all costs incurred as a result of the foregoing. This authorization will remain in effect until remain in effect until revoked by undersigned.

Dated: _____ Signed: _____

Print Name of Signing Party:
