



WAIVER OF LIABILITY – MEDICAL AUTHORIZATION

READ CAREFULLY BEFORE SIGNING

RELEASE & WAIVER:

I recognize that serious injuries, including permanent paralysis or death can occur in activities involving height or motion. I am fully aware of these dangers and hereby give consent for my child(ren) to participate in the Summer Theatre Camp at The 5 & Dime and I accept all risks associated with this participation.

In consideration for my child(ren)'s participation, I hereby for my child(ren) and our respective heirs and successors, COVENANT NOT TO SUE and FOREVER RELEASE The 5 & Dime, Inc. and Shortstack Theatre Company, their officers, directors, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation in the theatre camp, including those damages or injuries resulting from acts of negligence. I specifically release The 5 & Dime, Inc. and Shortstack Theatre Company from any claims of negligence in consideration for my child(ren)'s participation, up to and including any and all claims for economic damages, noneconomic damages, and punitive damages.

In any event of accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold The 5 & Dime, Inc. and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at The 5 & Dime.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I voluntarily affix my name in this agreement.

PARENT/GUARDIAN SIGNATURE

DATE

PHOTO RELEASE

I give permission for The 5 & Dime to take photos of my daughter/son to use for purposes of promoting the theatre's programming. Yes No

PARENT/GUARDIAN SIGNATURE

DATE