

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

This form is used to obtain approval and consent from parent(s)/guardian(s) for the participation of minors (under 18 years of age) with the Actors Guild of Parkersburg. It is recommended that parents/guardians keep a copy of this form. Please contact _____ with questions or in the case of an emergency.

Participant's Name _____

Parent(s)/Guardian's Name(s) _____

Address _____

Birth Date (Month/Day/ Year) _____

Additional Address (Need Street address If You Have a PO Box) _____

City _____

State _____ Zip _____

Home Phone _____

Parent/Guardian Cell _____

Parent/Guardian Cell _____

Has Approval To Participate in (Play or Event) _____

From _____ To _____
Date Date

Allergies, restrictions, and any information that a medical professional should know prior to treatment:

GRANTED PERMISSION AND HOLD HARMLESS AGREEMENT

I understand that participation in AGP activities involves certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct including scripted behavior and language that may be required for a character but which is not appropriate for the participant. I understand every effort will be made to contact me if my child is involved in any violation of Guild policies. I release AGP, the activity coordinators, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's Signature _____

Date _____

Parent/Guardian Printed Name _____

Date _____

Parent/Guardian Signature _____

Date _____

Emergency Contact Person(s) _____

Emergency Contact Phone Number(s) _____