2020 THEATER BARN KIDS PROGRAMS

LIABILITY DISCLAIMER AND PHOTO RELEASE

A.  LIABILITY DISCLAIMER I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that Ridgefield Theater Barn (dba R.W.P.A.) is not responsible for any medical injury or illness that may occur to myself or my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, while participating in Ridgefield Theater Barn productions, workshops or programs. I also understand that I am responsible for the cost of ALL medical treatments that may be needed.

However, I hereby grant permission for the staff of Ridgefield Theater Barn to take whatever steps may be necessary to obtain emergency medical care, if warranted. These steps may include, but are not limited to the following:

1) Administer first aid. (Please list any allergies below.)

2) Attempt to contact a parent or guardian at:

(Home phone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (another parent cell) \_\_\_\_\_\_\_\_\_\_\_\_\_.

3) Attempt to contact the child’s physician. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) If we cannot contact the parent or the child’s physician, we will do any or all of the following:

1. Call another physician.
2. Call an ambulance.
3. Have the child taken to an emergency hospital in the company of a R.W.P.A. staff member.

5) I agree that any expenses incurred through the items listed above will be borne by myself or the child’s family.

Allergies/ Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. PHOTO RELEASE I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my consent for myself and/or my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be photographed and/or recorded during the activities sponsored by Ridgefield Theater Barn (dba R.W.P.A.). By signing this form, I also grant permission to Ridgefield Theater Barn to use those photographs and/or video recordings for educational, promotional and/or publicity purposes in perpetuity.

By signing this form, I hereby give Ridgefield Theater Barn (dba R.W.P.A.) all right to materials made or collected relating to me or my child in perpetuity; I release them from any and all claims arising out of, or resulting from, my appearance and/or statements; and I waive all rights of copyright or ownership in or to the resulting educational/informational materials, photographs, and recordings that relate to me or my child.

Signed (Parent Signature) if Under 18:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_