

Spotlight Theatre Studio Student Liability Waiver

Please read the following carefully:

RELEASE AND WAIVER: The undersigned understands that participation in any programs at Spotlight Theatre Studio (STS) may expose students to activities and equipment that could cause accidents and injuries, and that students will not be supervised outside of class time. In consideration of student's acceptance into STS programs, the undersigned does hereby release, waive, discharge, indemnify, and hold harmless Spotlight Theatre Studio, its owners, directors, officers, instructors, and agents, from and against any claim for damage, injury, loss, or death to the student resulting from participation in any class, program, play, or other activity either at the studio or at another location, including any damage, loss or injury resulting from any failure of the student to abide by the rules as explained to the student by STS staff upon onset of activity.

HEALTH CARE AUTHORIZATION: The undersigned hereby authorizes Spotlight Theatre Studio employees to do any act that 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 procedure 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 he/she is responsible for all costs and expenses of such medical treatment.

PHOTO PERMISSION: With a child's registration in class, the parent/guardian grants Spotlight Theatre Studio permission to take pictures and recordings of class/performances for publicity and promotional purposes (website, publications, etc.).

I have read the above waiver and conditions of participation and release liability. By signing, I agree that it is my express intent to exempt and relieve Spotlight Theatre Studio and its employees from liability for personal injury or wrongful death other than claims that arise as the direct result of active and foreseeable negligence. I certify that I have full authority to sign this release and authorization.

Student (print full name) _____

Parent/Guardian _____ Date _____

NOTE: Please use the back of this form to tell us anything you think we should know about your child, even if it might seem unimportant (examples: medical conditions, physical disabilities, emotional problems, learning disabilities, scheduling problems involving class, extra-curricular activities, *etc.*). Anything written on this form is *strictly confidential* and is for studio use only. The better we understand your student, the better we can teach him/her. STS will keep this form throughout a student's enrollment in STS. Please notify the staff of any changes.