

The Actors Conservatory Theatre
Production Volunteers
Medical/Liability and Photo Release

Medical/Liability Release

I hereby and fully release and hold harmless The Actors Conservatory Theatre, its officers, directors, employees, and representatives from any and all liability resulting from or as a consequence of any illness and/or injury to (me/my child), _____, which may be suffered during a rehearsal or performance in which my child is participating or assisting at The Actors Conservatory Theatre, located at 359 Lake Park Road, Suite 118, Lewisville, Texas, 75057.

Further, I hereby give my consent to seek and obtain appropriate emergency medical treatment for the above named applicant and agree to hold harmless from loss, The Actors Conservatory Theatre, its officers, directors, employees, and representatives and any such personnel or agents of the treating medical facility which may provide medical care.

Further, if the above named applicant is the participant and medical treatment is called for, I consent to allow a representative of The Actors Conservatory Theatre to transport the above named applicant to the appropriate medical facility for treatment and hereby give my consent to the medical facility to treat the above named applicant if admitted by a valid representative of the organization. I do hereby absolve, indemnify and hold harmless, The ACT, its Board of Directors, members, supervisors, and all from any liability of any kind whatsoever in the event of any damage, loss, accident, or injury sustained by the above named applicant while being transported to or from while participating in any of the ACT activities, performances, or rehearsals. I understand an effort will be made to contact me prior to any treatment given as long as the situation allows and the above named applicant will not be endangered by a delay.

I understand that I am responsible for payment of all expenses incurred related to the above named applicant's medical treatment.

Photo Release

I give my permission for The ACT to use any photos taken by them for future promotional use.

By signing this application, I hereby agree to abide by and respect all of the rules and the guidelines of The ACT. Please Note: Failure to fulfill your volunteer requirements may jeopardize your child's participation in future productions.

Applicant's Name: _____ Applicant's Date of Birth (if under 18): _____

Parent or Applicant Age 18+ signature: _____ Date: _____

Parent printed name: _____ Parent or Applicant Age 18+ cell: _____