

Waivers and Informed Consent:

By signing this form, I, as parent/guardian, permit Old Courthouse Theatre to use pictures of my child as a camp participant in social media posts, videos, and the Old Courthouse Theatre website. I understand my child’s name will not be published.

I, as parent/guardian of _____ (“Child”), hereby assume all risks and hazards incidental to the conduct of the activities at Old Courthouse Theatre. My child is fit for the program(s) in which I have enrolled him/her. I HEREBY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS RELEASEES FROM EVERY CLAIM AND ANY LIABILITY THAT I OR MY CHILD MAY ALLEGE AGAINST RELEASEES (including reasonable legal fees and costs) AS A DIRECT OR INDIRECT RESULT OF INJURY OR DEATH TO ME OR MY CHILD BECAUSE OF MY CHILD’S PARTICIPATION IN ANY OLD COURTHOUSE THEATRE PROGRAMS, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASEES ON MY BEHALF OR ON BEHALF OF MY CHILD REGARDING ANY CLAIM ARISING FROM OR RELATED TO MY CHILD’S PARTICIPATION IN ANY OLD COURTHOUSE THEATRE PROGRAM(S). I ACKNOWLEDGE THAT, BY SIGNING THIS DOCUMENT, I AM RELEASING OLD COURTHOUSE THEATRE, AND THEIR REPRESENTATIVES, AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, SPONSORS, PROMOTERS, AND AFFILIATES (COLLECTIVELY “RELEASEES”) FROM LIABILITY, AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS SIGN UP AND RELEASE FORM IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL ACTIVITIES IN WHICH MY CHILD ENGAGES DURING THE SUMMER CAMP AT OLD COURTHOUSE THEATRE, REGARDLESS OF WHETHER SUCH ACTIVITY IS A PART OF A FORMAL PROGRAM. I HAVE READ THIS RELEASE CAREFULLY BEFORE SIGNING. I UNDERSTAND WHAT THIS RELEASE MEANS AND WHAT I AM AGREEING TO BY SIGNING.

I understand that no insurance coverage for participants in these activities is provided by Old Courthouse Theatre. By registering for this program, I understand and agree that if a portion of the program is unable to be completed due to unforeseen circumstances under responsibility of Old Courthouse Theatre, I will receive a prorated refund for the uncompleted portion of the program. I also understand that no refunds or proration will be given for any other reason.

Signature: _____ Date: _____

Printed Name: _____

_____ Parent _____ Guardian

Name and age of Participant/Child

(Print): _____

Parent/Guardian Email: _____

Phone Number: _____