

LIBERTY UNIVERSITY THEATRE ARTS DEPARTMENT
Consent/Release Form for Summer Program Participants

Each summer program participant must complete this form, individually, and have the signature of a parent or legal guardian before s/he may participate in theatre production/performance and camp activities. All sections must be completed. Please print legibly and use a black or blue ink pen.

Participant Information

Last Name _____ First Name _____
Date of Birth _____ Age _____ Sex _____
Home Address: _____
City _____ State _____ Zip _____
Home Phone () _____ Cell Phone () _____

In Case of Emergency

Person #1 _____
Relationship _____ Cell Phone () _____
Phone (day) () _____ Phone (night) () _____
Person #2 _____
Relationship _____ Cell Phone () _____
Phone (day) () _____ Phone (night) () _____

Medical Profile

Generally, my health is (check one) _____ Excellent _____ Good _____ Fair _____ Poor _____
If fair or poor, please explain your condition: _____

List any medical difficulties for which you are currently being treated: _____

List any medications you are currently taking: _____

List any medicines or substances to which you are allergic: _____

Family Physician _____ Phone () _____

Physician Address _____

Insurance Company: _____ Phone () _____

Policy number _____

Authorization for Medical Treatment

For myself and/or on behalf of my participating child/grandchild, I hereby give permission for any physician, hospital, or health care facility to provide medical care, treatment, and administer medication to participant as deemed necessary by a physician or the LUPD.

Release of All Claims

For and in consideration of participation in LU Theatre activities, I hereby acknowledge that we understand that there could be some risks involved, and we hereby assume all such risks. I hereby release Liberty University and all of its agents, employees, officers, and directors from any and all risks, actions, causes of action, claims, demands, liabilities and obligations of any and every nature whatsoever, including, without limitation, for illness, personal injury, death, property damage, and personal or proprietary rights, and hereby hold Liberty University harmless and agree to fully indemnify Liberty University from and against any and all claims. I hereby personally assume full responsibility for any and all claims and for any and all hospital and medical bills for myself and/or participant. I hereby certify to Liberty University that I have obtained and will maintain in full force and effect adequate primary medical insurance for myself and/or participant. In the event it is necessary for me or participant to return home due to disciplinary action, for medical reasons, or otherwise, I hereby personally assume full responsibility for all such transportation arrangements and costs.

Parent/Legal Guardian Initial _____

Student Initial _____

Consent to Use and Publication of Image

I hereby give Liberty University Theatre Arts Department the absolute, unconditional, and irrevocable right and permission to use my name and Participant's name and to use, reproduce, edit, exhibit, project, display, copyright, and publish, photographic images and/or moving pictures and/or videotape images of me and/or Participant, with or without voice, in which I and/or Participant are included, in whole or in part, photographed, taped, videotaped, and/or recorded prior to, during and/or after the theatrical event and to circulate same in any and all forms and media for art and advertising, and I hereby consent to the use of all printed matter in conjunction therewith and waive all rights to inspect and/or approve drafts, finished products, and/or editorial, promotional, and printed copy and sound tracks that may be used in connection therewith, and waive all rights to control any aspect of any production, alteration, use, distribution or disposition of said products, copy, and/or sound tracks, and hereby discharge and agree to hold Liberty University harmless and fully indemnify Liberty University from and against any and all claims arising by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the production, processing, duplication, projecting, or displaying of said images of me and/or Participant, and from any and all claims for violation of any personal and all proprietary rights me or the Participant may have or may claim to have in connection with such images and with the production, alteration, use, distribution, and disposition thereof.

Please complete and sign below

Participant's Signature: _____ Date _____
Parent/Custodial Signature _____ Date _____
Phone: () _____

Parent/Legal Guardian Initial _____

Student Initial _____