



Godspell 2019 Audition Waiver

(Please print legibly)



Information about the minor auditioning:

Full Name: _____

Allergies: _____

Medications: _____

Medical Conditions: _____

Parent/Guardian Contact Name: _____

Phone #: _____

Relationship: _____

Secondary Contact Name: _____

Phone #: _____

Relationship: _____

Besides you, who else is allowed to pick up your child after rehearsal?

Please list any additional information that you think we will need:

TO BE FILLED OUT BY PARENT/GUARDIAN:

I, _____, support my child's interest in this production, and I am aware of the commitment that it requires. I hereby grant my permission for my child to participate in Godspell at Chickasha Community Theatre between the dates of September 30 and December 8.

I understand that in the event of a severe emergency, the following action will be taken in this order: 1) Child will be taken to Grady County ER by someone on the production team, or by ambulance as deemed necessary, 2) I will be notified via telephone by a secondary person of the production team, and 3) an incident report will be filled out and provided to me for my signature within 48 hours. I authorize the production members and/or directors to take this steps in the case of a medical emergency. By signing this, I release Chickasha Community Theatre, and its volunteers from any legal or financial liability for injuries sustained or decisions made regarding treatment of any medical emergencies to the extent allowable under Oklahoma State law.

I understand that Chickasha Community Theatre may use photos and/or videos of my child connected to this production for promotional purposes. By my signature on this form, I grant my consent.

(Signature of Parent/Guardian)

(Date)