

**SCRIPPS THEATRE ARTS  
HOLD HARMLESS AND MEDICAL RELEASE**



Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Hold Harmless:** I am the parent or guardian of the child named above. I hereby acknowledge that the child could be injured or have an accident while participating in activities with Scripps Theatre Arts. With this understanding, I hereby consent to allow the child to participate, and release Scripps Theater Arts and all instructors, directors, coordinators, spouses or representatives of the above entity from any liability of claims resulting from any accident or injury occurring to the child. I also agree to indemnify and to hold above named parties harmless from any liability and expense from any accident or injury that may occur in any manner in connection with the play.

Parent/Guardian Name (Printed): \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Release:** My child, named above, has permission to participate in the Scripps Theatre Arts current production. The following information is provided so that the adult in charge may contact a responsible person in case of illness or accident during the activity.

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 3: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

My child is in good health and may engage in all activities.      Yes      No

Please describe any important medical information about your child and list ALL medications taken:

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Date of last tetanus shot: \_\_\_\_\_

I give my permission for the adult in charge to take my child to a medical facility, if necessary, in case of emergency. If none of the above can be contacted, I consent to treatment for my child under the supervision of, and as deemed advisable, by a physician licensed under the Medicine Practice Act. This provides authority pursuant to Section 25.B of the California Civil Code.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission to Photograph and Videotape:** I give permission for my child to be photographed and videotaped for publicity purposes related to this activity. I understand that my child's photo may appear in local newsletters, on the Scripps Theatre Arts website, or on the organization's Facebook Page.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_