

Next Generation Theatre's Overnight Camp

ACTIVITY RELEASE FORM:

Read Carefully Before Signing

ANY PARTICIPANT OR PARTICIPANT GUARDIAN MUST COMPLETE THE FOLLOWING ACTIVITY RELEASE FORM

Child/Participant Name _____

Release/ Disclaimer

Recognizing that Next Generation Theatre Foundation ("the camp") will take reasonable steps to ensure a safe experience, I understand that accidents may occur as a result of my child's participation in the camp. I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I, or my child, may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing activity and/or certain event(s) occurring in or about the premises. I hereby assume full risk, waive all claims and release and hold the camp, individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my, or my child's, presence on the premises, or participation in events of activities thereon, or the negligent acts or omissions of the camp or any other third party. In consideration of my child's participation in and the use of the Eastern University premises or facilities, I hereby release and covenant not to sue the owner of the premises, shareholders, directors, officers, employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury that may occur to me, or my child, while participating in any program or event sponsored by the camp.

Permission to Treat

I hereby give permission to the medical personnel selected by the camp director to provide routine healthcare; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including surgery or hospitalization, for the person named above.

Media Release

I understand that photographs and videos may be taken to document activities. I agree to allow photo, video, or film likeness of my child to be used for any legitimate purpose by the camp, it's directors, and independent contractors.

My child is in good health and has my permission to participate in Next Generation Theatre's Overnight Camp.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT

I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is UNDER 18.

Parent/Legal Guardian:

Print Name _____

Sign _____ **Date** _____