

Release and Liability Waiver Form

Liability Release: For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as the parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the After School Theatre Camp to be conducted by Selassie Amana and A+ Kids Theatre. I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless Selassie Amana and A+ Kids Theatre as well as Jones Elementary of Greensboro, NC on whose premises the Program will occur and it's employees and representatives, (hereinafter the "Releasees") from any and all liability, whether caused by the negligence of the Releasees or otherwise for any claim, judgement, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Program, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic, and/or death) that Minor may incur or sustain during the Program, all activities associated with the Program and while traveling to and from the site for the Program.

I hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: _____

Date: _____

Medical Release I, in my own behalf and on behalf of Minor, acknowledge and agree in the event of emergency illness or injury, I authorize Selassie Amana and A+ Kids Theatre to obtain necessary medical treatment of Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any emergency illness or injury that Minor may sustain during the Camp and while traveling to and from the site for the Camp.

Signature of Parent or Legal Guardian: _____

Date: _____

I represent that any allergies Minor may have, medications to which Minor is allergic or medications that Minor is currently taking is listed below. A Plus Kids Theatre will not administer or supply any medication.

Medications (if any): _____

Allergies (if any): _____

I acknowledge that Minor suffers from the following condition(s): _____

Family Doctor: _____

Minor Birthdate: _____

Insurance Company: _____

Medical Insurance Policy Number: _____

Emergency Contact:
Name/Relationship/Phone: _____

*In the event of a medical emergency, the parent/guardian and/or emergency contact will be called as soon as possible.

Please print, complete and return on the first day of camp.