



UNION COUNTY PERFORMING ARTS CENTER AT RAHWAY

A NON-PROFIT CORPORATION IN THE HISTORIC RAHWAY THEATRE

PARENTAL PERMISSION PARTICIPATION WAIVER & RELEASE

CHILD'S NAME: _____ DATE OF BIRTH: _____

MY CHILD IS UNDER THE CUSTODIAL CARE OF: (CHECK ONE)

BOTH PARENTS _____ MOTHER ONLY _____ FATHER ONLY _____ OTHER _____

PARENT / GUARDIAN NAME(S): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE:(_____) _____ DAYTIME / WORK PHONE: (_____) _____

PARTICIPATION WAIVER & RELEASE

I hereby grant permission for my child (*child's name*) _____ to participate in the CSA Summer Theatre Camp program run by the employees, instructors, and agents of the Union County Performing Arts Center upon the understanding and conditions that:

1. Only registered children are permitted to participate in the program.
2. Only registered children are permitted in the building unless otherwise accompanied by an adult.
3. No children permitted in the building after 3:00pm unless attending a program in progress, or accompanied by a parent attending an event.
4. I recognize the risks of illness and injury inherent in any of the programs my child will be participating in with affiliation to Union County Performing Arts Center upon the expressed agreement and understanding that I am hereby waiving and releasing the Union County Performing Arts Center, its staff, the city of Rahway, and the members of the presenting artist's (s') organization/group from any and all claims arising out of my child's participation in the programs or any illness or injury resulting there from. I hereby further agree to indemnity and hold harmless the Union County Performing Arts Center, its staff, the city of Rahway and the members of the presenting artists organization/group from and against any and all such claims.
5. I agree to inform the Union County Performing Arts Center of any change in my child's physical condition, which might in any way adversely affect my child's ability to participate in any of the program(s) safety.

SIGNATURE OF PARENT OR GUARDIAN: _____ TODAY'S DATE: _____



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EMERGENCY CARE CONSENT AND RELEASE

CHILD'S NAME: _____ DATE OF BIRTH: _____

MY CHILD IS UNDER THE CUSTODIAL CARE OF: (CHECK ONE)

BOTH PARENTS _____ MOTHER ONLY _____ FATHER ONLY _____ OTHER _____

PARENT / GUARDIAN NAME(S): _____

MEDICAL HISTORY

DOCTOR'S NAME: _____ PHONE: (_____) _____

ALLERGIES: _____ DISEASES: _____ ASTHMA: _____

OPERATIONS OR SERIOUS INJURIES: (DATES) _____

RECOMMENDATIONS AND RESTRICTIONS WHILE IN THE PROGRAM: _____

SPECIAL DIET: _____ CLASSIFICATION: _____

SPECIAL MEDICINE: _____ IS PARENT SENDING IT? _____

PLEASE NOTE ANY MEDICAL, OR HEALTH CONCERNS OF WHICH THE ARTS CENTER SHOULD BE AWARE

EMERGENCY CONTACT

EMERGENCY CONTACT NAME: _____ RELATIONSHIP TO CHILD: _____

EMERGENCY CONTACT PHONE(S): (_____) _____ & (_____) _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP TO CHILD: _____

EMERGENCY CONTACT PHONE(S): (_____) _____ & (_____) _____

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Union County Performing Arts Center, to administer emergency medical care for my child. INITIAL _____

SIGNATURE OF PARENT OR GUARDIAN: _____ TODAY'S DATE: _____



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PHOTO RELEASE

CHILD'S NAME: _____ DATE OF BIRTH: _____

MY CHILD IS UNDER THE CUSTODIAL CARE OF: (CHECK ONE)

BOTH PARENTS _____ MOTHER ONLY _____ FATHER ONLY _____ OTHER _____

PARENT / GUARDIAN NAME(S): _____

CONSENT AND RELEASE FOR THE USE OF PHOTOGRAPHS

I hereby grant to the Union County Performing Arts Center and to its employees, agents, assigns, and sponsors the right to photograph my dependent and use the photos and or other digital reproductions of him/her or other reproductions of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

I hereby waive any right that the minor or I may have to inspect or approve the finished product or products or the advertising copy, Internet or printed matter that may be used in connection therewith or the use to which it may be applied.

I also understand that neither my child/children nor I will be paid for such photographs and I agree not to make any claims against the UCPAC relating to or arising out of the taking of the photographs or any use of such photographs by the UCPAC.

I certify that I am a custodial parent and have the aforementioned rights to assign. I further state that I have read the above authorization, release and agreement, prior to its execution and that I am fully familiar with the contents thereof.

SIGNATURE OF PARENT OR GUARDIAN: _____ TODAY'S DATE: _____