

Memorial Opera House Parental Consent Form

A participant under the age of 18 must have parental consent to participate in Memorial Opera House LimeLights Youth Program. This form must be completed, signed and returned to Staff.

Name of Child: Date of Birth:

Name of Parent/Guardian(s):

Address:

Tel (work): Mobile:

E-mail:

Does your child have any medical issues we should be made aware of (allergies, etc.)?:

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Does your child need to take medication for above medical issues while in rehearsals or performances or on an as needed basis (inhalers, epi pen, etc.)?

Emergency contact details: (please list additional contact other than above if possible)

Name: Tel:

Relationship to child:

Memorial Opera House assumes that your child knows which individuals are approved to drop them off and pick them up from rehearsal and other Opera House events. In the event that you have a concern, please set prior transportation arrangements with the production staff of each show.

CONSENT (please read carefully)

- a) I agree to my child taking part in Memorial Opera House productions based upon the expectations set forth (see attached)
- b) I agree to allow Memorial Opera House to contact the closest medical official in the event of an emergency. I understand that this is in the best interest and safety of my child.
- c) I understand Memorial Opera House, and its affiliates, accept no responsibility for loss, damage or injury caused by or during attendance at any of the rehearsals/performances.
- d) I agree to allow Memorial Opera House to use my child's likeness and photographs for press release and media purposes only (this includes social media platforms and websites).
- e) For safety purposes, my child will adhere to all rules and regulations set forth by the production staff.

Memorial Opera House or affiliates will not be held liable for any form of injury (physical and emotional), including death. This contract is binding until the end of production or the voluntary or involuntary dismissal of a child from the cast.

Signed (Parent/Guardian) Date:

For MOH Office Use Only:

Date Received: Reviewed By Department Head on: