

teen

city

stage

**Teen City Stage/Blumenthal Performing Arts/CPCC  
STUDENT LIABILITY WAIVER FORM**

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email (please print) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Special Health Care Needs \_\_\_\_\_

Special learning/Developmental Needs \_\_\_\_\_

Insurer & Policy # \_\_\_\_\_

**\*\*\* READ CAREFULLY BEFORE SIGNING \*\*\***

**RELEASE AND WAIVER:** The undersigned understands that participation in Team Broadway educational program at Teen City Stage, Blumenthal Performing Arts and Pease Auditorium at CPCC will expose students to activities and equipment which can cause accidents and injuries, and that Students will not be supervised outside of class time. In consideration of Student's acceptance into Team Broadway, that the undersigned does hereby release, waive, discharge, indemnify, and hold harmless Teen City Stage, CPCC, and Blumenthal Performing Arts, its directors, officers, employees and agents, from and against any claim for damage, injury, loss or death to the above named student resulting from participation in any class, program, play or other activity either at Spirit Square, Pease Auditorium or at another location, including any damage, loss or injury resulting from failure to abide by the "Conditions of Participation."

**HEALTH CARE AUTHORIZATION:** The undersigned hereby authorizes Teen City Stage, CPCC and Blumenthal Performing Arts employees to do any acts which may be necessary or proper to provide emergency health care of any student in the event that the Parent/Guardian cannot be reached, including consent to and authorization of medical procedures by physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their sole discretion, may deem necessary. The undersigned understands that (s) he is responsible for all costs and expense of such medical treatment.

**I HAVE READ THE ABOVE WAIVER AND RELEASE LIABILITY AND BY SIGNING, I AGREE THAT IT IS MY EXPRESS INTENT TO EXEMPT AND RELIEVE TEEN CITY STAGE, CPCC AND BLUMENTHAL PERFORMING ARTS AND ITS EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY OR WRONGFUL DEATH OTHER THAN CLAIMS THAT RISE AS THE DIRECT RESULT OF ACTIVE OR FORESEEABLE NEGLIGENCE. I CERTIFY THAT I HAVE FULL AUTHORITY TO SIGN THIS RELEASE AND AUTHORIZATION.**

Student (if over 18)

Parent/Guardian

\_\_\_\_\_  
DATE \_\_\_\_\_