

LAKE WHITNEY ARTS SUMMER 2026 THEATRE CAMP LIABILITY RELEASE

Student 1 Name & Age	Student 2 Name & Age
Student 3 Name & Age	Allergies & other info

Parent Information

Name(s): _____

Contact Phone Number(s): _____

Email Address: _____

Driver's License / State ID Number: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Information

Name: _____

Relationship to Student: _____

Phone Number: _____

Alt Phone Number: _____

Name: _____

Relationship to Student: _____

Phone Number: _____

Alt. Phone Number: _____

Indemnity Clause

I agree to indemnify and hold harmless LAKE WHITNEY ARTS ASSOCIATION from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, my child(ren), other participants, and third-persons as a result of my/my child(ren)'s participation in the activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of LAKE WHITNEY ARTS ASSOCIATION.

Signature/Initial _____

Media Authorization Release

(PHOTOGRAPHS/VIDEO/AUDIO). I expressly give and grant to LAKE WHITNEY ARTS ASSOCIATION the unqualified right, privilege, and permission to reproduce, publish, and circulate in every manner or form (including radio, television, newspapers, magazines, and the internet) video tapes, films, photographs, transparencies, and other images and likenesses of me, my child(ren), family, and/or property and audio recordings of my and their voices (collectively referred to as "video and audio recordings"), and I hereby grant,

assign and transfer to LAKE WHITNEY ARTS ASSOCIATION all rights and interest therein at no charge. I specifically authorize and empower LAKE WHITNEY ARTS ASSOCIATION to cause any such video and audio recordings, to be copyrighted or in any other manner to be legally registered in the name of LAKE WHITNEY ARTS ASSOCIATION. I, for myself, my family, my child(ren), my heirs, executors, administrators and assigns, hereby remise, release, and discharge LAKE WHITNEY ARTS ASSOCIATION from any and all claims of any kind due to the use of such video and audio recordings, including all claims for damages or injunctive relief for libel, slander and invasion of the right of privacy.

Signature/Initial _____

Medical Authorization, Indemnity for Medical Expenses and Waiver

I understand LAKE WHITNEY ARTS ASSOCIATION cannot be expected to control all of the risks articulated in this form and LAKE WHITNEY ARTS ASSOCIATION may need to respond to accidents and potential emergency situations. Therefore, I give my consent for any medical treatment that may be required, as determined by a medical professional, during my/my child(ren)'s participation in the activity with the understanding that I will be responsible for the cost of any such treatment. I agree to indemnify and hold harmless LAKE WHITNEY ARTS ASSOCIATION for any costs incurred to treat me/my child(ren), even if LAKE WHITNEY ARTS ASSOCIATION has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes LAKE WHITNEY ARTS ASSOCIATION from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child(ren) while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of LAKE WHITNEY ARTS ASSOCIATION. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

Signature/Initial _____

Consent to obtain Medical Services

I give my permission to Lake Whitney Arts Association Staff to call or obtain the services of a physician, or hospital for medical or surgical care for my child should an emergency arise. I understand that a conscientious effort will be made to locate all emergency contacts before any action may be taken.

Signature/Initial _____

Family Physician Name: _____

Physician Phone Number: _____

Preferred Hospital: _____

Financial Responsibility

I understand that I am financially responsible for any intentional property destruction or theft caused by me/my child.

Signature/Initial _____

In signing this agreement, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; LAKE WHITNEY ARTS ASSOCIATION has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this agreement for full, adequate, and complete consideration fully intending to be bound by all the terms in this agreement, now and in the future. I understand I can choose not to sign this agreement and free myself and my child(ren) from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me/my child(ren) that has a lower level of risk to myself and my child(ren). I further understand this activity is voluntary and extracurricular. While I understand alternative activities are available to me/my child(ren) that do not have the risks associated with the activity, I still desire to voluntarily engage/permit my child(ren) to engage in the activity.

Parent/Guardian Signature

Date