Participant Information Form

R-ACT Productions Teen Theatre Camp

Participant Name: **Date of Birth**:

Parent/Guardian 1: Name: Phone #: Relationship to Participant:	**Parent/Guardian 2:** Name: Phone #: Relationship to Participant:
Allergies/Medical Conditions: Known Allergies: Known Medical Conditions: Medications Brought to Camp (specify if any require refrigeration): Camper may self-administer medication Camper requires assistance with medication and coordination with camp staff Camper will not bring medications to camp	**Authorized Pickup Individuals** *(other than parent/guardian)*: **Primary** Name: Phone #: **Additional** (Optional): Name: Phone #: **Additional** (Optional): Name: Phone #: **Emergency Contact Information** *(if parent/guardian cannot be reached)*: Name: Phone #: Relationship to Participant:

Liability Waiver & Assumption of Risk

I understand that participation in theatre camp activities may involve certain inherent risks, including physical movement, stage activities, supervised technical demonstrations, use of theatrical equipment, and general group participation.

I voluntarily permit my child to participate in the R-ACT Productions Teen Theatre Summer Camp and assume the ordinary risks associated with participation.

To the fullest extent permitted by law, I release and hold harmless R-ACT Theatre Productions, its officers, volunteers, instructors, staff members, and affiliated venue personnel from claims arising from ordinary negligence connected with camp participation, except in cases of gross negligence or willful misconduct.

I certify that my child is physically able to participate in camp activities.

Photography & Video Release

Camp activities, rehearsals, and performances may be photographed or recorded for educational, archival, promotional, press, website, and social media purposes.

YES – I grant permission for my child's image, voice, and likeness to be used by R-ACT Productions for these purposes.

NO – I do not grant permission for identifiable photographs or recordings of my child whenever reasonably possible.

I understand that complete exclusion from incidental group photographs or recordings cannot be guaranteed.

Parent/Guardian Certification

I have read and understand this document and authorize my child to participate in the R-ACT Productions Teen Theatre Summer Camp.

By typing my name below, I acknowledge that this electronic signature has the same legal effect as my handwritten signature. I certify that I am the parent or legal guardian of the participant and that the information provided is accurate to the best of my knowledge.

Parent/Guardian Name:

Date: