



## PERSONAL INFORMATION

Camper's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian's Contact #: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

Camper's gender: Male \_\_\_ Female \_\_\_ Last grade completed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ T-SHIRT Size: youth / adult xs s m l xl 2x 3x

List all allergies: \_\_\_\_\_

## CONCENT

I hereby give permission for \_\_\_\_\_ to participate in the following:

\_\_\_ Pictures taken of my child to be used for camp purposes

\_\_\_ My child's name to be published with articles or pictures about the Rialto's Summer Camp program

**Parent/Guardian's Signature:** \_\_\_\_\_

Date \_\_\_\_\_

List all persons authorized to pick up camper:

Names: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #s: \_\_\_\_\_

For Rialto Use: Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

## EMERGENCY CARE

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_ do hereby request and give consent to the Camp Director, or a duly appointed representative for said child, to receive such medical or surgical aid as may be deemed necessary and expedient by a licensed or recognized physician or surgeon in case of an emergency when the parent cannot be reached. Consent is also given for the Camp Director or a duly appointed representative to transport said child for emergency medical treatment if the parents cannot be reached.

**Parent/Guardian Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

## WAIVER OF LIABILITY

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN Rialto Community Arts Center PRODUCTIONS I AGREE AS FOLLOWS:

1) I hereby release and hereby waive all claims against the Rialto Community Arts Center, its officers, directors, and volunteers (hereinafter "RCAC") I or my child(ren) may have or which I may have on behalf of my child(ren) which may result due to the negligent or intentional acts of anyone that may cause harm to my person, my property, my child(ren), and his/his/their property during my, his/her/their participation in the activities of the RCAC. Accordingly, I hereby agree that I will not hold RCAC responsible for any injury to myself, my property, or, where signing on behalf of my children or as legal guardian, my child(ren) or his/her/their property that may result from my, his/her/their participation in the RCAC.

2) If, as a result of any intentional or negligent act on my own part or that of my child(ren) that causes harm to anyone's person or property, where the RCAC is held liable for damage, I agree to hold RCAC harmless and to indemnify the RCAC for any loss, costs or damages or expenses (including reasonable attorneys' fees and disbursements) it sustains as a result of such negligence or intentional act.

3) The word "participation" as used here means any participation in a production of the group including but not limited to the following: 1) Auditions; 2) Rehearsals; 3) Backstage assistance; 4) Technical assistance (i.e. lighting and sound); 5) Acting; 6) Ushering; 7) Clean-up; 8) Social gatherings, such as cast parties; 9) Producing; 10) Directing; 11) Stage Managing; and 12) Public Relations appearance, such as parades and performances.

4) I understand as a parent or guardian of a child or children under the age of eighteen I am responsible for the transportation of any such child to and from participation in the activities of the RCAC.

I, the undersigned, hereby state that I have read the Waiver of Liability document, understand its terms, and in consideration of being allowed to participate or having my child(ren) or ward participate in productions of the Rialto Community Arts Center, agree to be bound by the terms contained herein. Where signing on behalf of my child(ren) or ward as listed below I hereby give permission to such child(ren) or ward to participate as defined above under the terms listed herein.

**Parent/Guardian Signature:** \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

Date: \_\_\_\_\_

The Rialto reserves the right to cancel or reschedule camp due to insufficient enrollment or needs of the theatre. After registration has been paid, refunds will not be given unless camp is canceled or rescheduled. Checks must be written to "Rialto" and sent to P.O. Box 176, Morrilton, AR 72110.