

Date originally completed: _____

MEDICAL RELEASE to TYLER CIVIC THEATRE CENTER

If question does not apply, please mark N/A for "not applicable." Please do not leave blanks.

Student's name: _____ Age: _____

Parent or guardian name(s): _____

Parent or guardian cell phone(s): _____

Parent or guardian home phone: _____

Parent or guardian work phone(s): _____

Other contact if parent/guardian cannot be reached: _____

Student's home address: _____

Insurance provider: _____

Identifying numbers/codes re medical insurance: _____

Name of primary person insured on policy: _____

Student's primary care physician: _____

Phone number of student's primary care physician: _____

Student's allergies? medical conditions? current medications taken? _____

Hospital preference (if none, please so state): _____

In the unlikely event of a medical emergency, I hereby authorize Tyler Civic Theatre Center's employees or representatives to consent to and/or administer medical assistance in the event of an accident, emergency, or sudden illness. I release this entity and its associates from any liability in the course of assisting my child.

Signature: _____

I have reviewed this information and made any necessary updates:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Waiver and Release from Liability- *For Minors*

(To be completed by legal guardians for participants and assistants under the age 18 years.)

I, _____ (print your name) have chosen to have my child
_____ (print child's name), participate in instruction provided by **Tyler Civic Theatre, Inc.** I acknowledge that I understand the nature of the activities my child will be participating in and the possibility that despite precautions, accidents and/or physical injury may occur.

I/we agree to release and hold harmless **Tyler Civic Theatre, Inc.** and their participating partners, including its teachers and staff members, from any cause of action, claims, or demands now and in the future. I/we will not hold Tyler Civic Theatre liable for any personal injury or any personal property damage or loss, which may occur on the premises before, during or after classes, rehearsals, performance or other activity which may occur at a **Tyler Civic Theatre, Inc.** sponsored event.

Furthermore I/we agree to read and follow **Tyler Civic Theatre, Inc.** policies and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by **Tyler Civic Theatre, Inc.** The policies are available upon request in hard copy or PDF format.

Tyler Civic Theater, Inc. is committed to a safe and enjoyable theater experience.

I authorize and agree that **Tyler Civic Theatre, Inc.** may take and use photographs, videos or likenesses of myself or my child as needed for its record keeping, advertising, social media and/or public relations projects and that I have no rights to the same and will not be compensated for the same.

My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein, and agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation.

I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS RELEASE AND HAVE READ THE SAME PRIOR TO SIGNING.

Participant's Name (Print):

Signature of Parent or Guardian:

Date: _____

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Tyler Civic Theatre Center (“the Theatre”) has put in place preventative measures to reduce the spread of COVID-19; however, the Theatre cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Theatre could increase your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Theatre and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Theatre may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Theatre employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at the Theatre or participation in Theatre programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Theatre, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Theatre, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Theatre program.

Printed Name

Signature

Date