

Miami Valley High School Theatre Awards Informed Liability Agreement and Media Release

(To be completed by parent or legal guardian of applicant and signed by preparer and student.)

I, _____, as parent/legal guardian of _____, agree that my child will participate fully in all aspects of the program. In addition, I understand, too, that if my child does not attend a schedule rehearsal for the MVHSTA Awards Showcase, he or she may be removed from the program at the discretion of Victoria Theatre Association and the Miami Valley High School Theatre Awards staff.

I also authorize Victoria Theatre Association and Miami Valley High School Theatre Awards to permit photos and/or video to be taken of me or my child and to use negatives or prints prepared therefore as may be considered necessary by Victoria Theatre Association and the Miami Valley High School Theatre Awards for both internal and external purposes.

By agreeing to the release form, I understand I will receive no form of compensation for pictures/video of me or my child used by Victoria Theatre Association and the Miami Valley High School Theatre Awards.

I hereby give the staff of Victoria Theatre Association and the Miami Valley High School Theatre Awards the authority to accept medical treatment for my child in the event that I cannot be reached. I also release Victoria Theatre Association and the Miami Valley High School Theatre Awards from all liabilities and judgments.

Signature: _____ **Date:** _____

Participant Agreement *(To be completed by Participant)*

I, _____, understand the commitments involved in participation in the Miami Valley High School Theatre Awards, and I understand that all events are mandatory and absences or poor conduct can result in removal from the program at the discretion of Victoria Theatre Association and the Miami Valley High School Theatre Awards staff. I also agree to be a positive member of this experience, supporting other participants the best I can, and making a commitment that no bullying of any kind will take place.

Signature: _____ **Date:** _____

Liability Waiver: I, the parent or legal guardian of the child/participant listed above, hereby give approval for the child/participant's participation in the Miami Valley High School Theatre Awards. I do waive, release, absolve, indemnify and agree to hold harmless Victoria Theatre Association and the Miami Valley High School Theatre Awards, its officers, employees and volunteers from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of VTA.

Medical Authorization/Release: I hereby certify that this child/participant does not have any medical condition which would preclude or restrict his/her participation in the Miami Valley High School Theatre Awards. I hereby authorize, consent and direct Victoria Theatre Association and the Miami Valley High School Theatre Awards, its directors, officers, and employees, and any physician, hospital, or other health care provider selected by Victoria Theatre Association and the Miami Valley High School Theatre Awards, to take such action as is necessary in the circumstances to provide emergency care and related treatment to my above-named child/participant in my absence, should the need arise while he/she is participating in the program.

Signature of Parent/Guardian

Date