



Cedarville Opera House

Drama Camp For Kids Registration Form

Student's Name _____ Age _____ Grade _____

Parent/Guardian Name _____ Phone Number _____

Address _____ City: _____ State: _____ Zip: _____

E-mail Address _____

Does your child have any food or other allergies?

If yes, please list _____

We may be taking a walking field trip up to the high school to try on costumes and possibly to the University for a tour of their theater.

Will you give your permission for your student to come with us?

We may need some slight alterations on costumes, some very simple sets made and some props found or borrowed. Would you be able to help with any of these things?

If yes, please indicate which one(s). _____

As the custodial parent and/or legal guardian of Minor Child on my behalf and on behalf of Minor Child as well as on behalf of my and Minor Child's heirs, next of kin, assigns and personal representatives, do hereby agree to the following conditions for said Minor Child.

1. I understand and acknowledge the participation in theatrical productions and other activities hosted by Cedarville Opera House Society, Inc., may pose a risk of bodily injury to Minor Child. My Minor Child for whom I have legal custody is voluntarily participating in these activities with knowledge and all risks of injury, allergic reactions or death attendant to any activity at the Facilities. I elect to permit my Minor Child to participate in spite of the risks. My Minor Child is in suitable health and has the required skills, qualifications, training and physical conditioning which allows their enrollment and/ or participation.
2. Knowing the risks described above, I agree, personally and on behalf of the minor child named above, to assume all the risks and responsibilities surrounding my child's use of the Facilities. To the fullest extent allowed by law, I hold harmless and agree to indemnify COHS, its officers, directors, staff, volunteers, employees and agents, from and against any present or future claim, cause of action, loss or liability for injury to person or property, which said minor child may suffer or for which said minor child may be liable to any other person, related to said minor child's participation in activities at the COHS, resulting from any cause whatsoever, and regardless of fault.
3. I authorize COHS, its officers, directors, staff, volunteers, employees and agents to call for medical care for or to transport my Minor Child to any convenient medical facility, clinic or hospital if, in their opinion medical attention is advisable for my Minor Child. I agree that upon delivery of my Minor Child to any medical facility, clinic or hospital that the responsibility of COHS shall be totally fulfilled and COHS shall not have any further responsibility for care of my Minor Child. I agree to pay all costs associated with such medical care and related transportation for my Minor Child and indemnify and hold harmless COHS from any costs incurred therein.

I, the legal parent or guardian of said child above, am at least eighteen years of age and have carefully read and fully understand the contents of this **Participation Waiver**. I am aware that this is a **Release of Liability** and is a contract between myself and COHS and/or its affiliated organizations and freely signed this Assumption of Risk and General Release Form of my own free will. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the State of Ohio and that of this Waiver and Release of Liability is intended to be as broad and inclusive as is permitted by the laws of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the remainder shall continue in full legal force and effect.

PLEASE PRINT CAMPER'S NAME AND PARENT/GUARDIAN MUST SIGN BELOW.

Drama Camper's Name: _____ Amount Paid: \$ _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____