



PERMISSION FORM AND LIABILITY WAIVER

Parents/Adult cast members please sign and return this Permission Form AND the Medical Release Form within one week following the information meeting.

I give permission for myself or my child, _____
to participate in the Children's Theatre production of _____.

I understand that theater-related activities have inherent risks of injury, and, being fully aware of the risks, I consent to have myself or my child (children) participate in the activities offered by Children's Theatre of Charleston (CTOC) and on behalf of myself, my heirs, executors, agents, assigns and representatives, hereby indemnify, release and forever hold harmless CTOC, a non profit corporation, as well as its directors, employees and agents, from any and all claims of liability arising from any accident, personal injury, death, or property loss or damage sustained by myself or my child (children) while participating in CTOC activities.

Parent or Guardian: _____

Please Print Name: _____ Date: _____

Address: _____

City: _____ Zip Code: _____

Cell Phone: _____ Work Phone: _____

Child's Phone: _____

Parent's e-mail address: _____

Child's e-mail address: _____

CTOC will not release your e-mail to any other organization. We may use it in the future to let you know about auditions and workshops.