



...bringing live performing arts to your community

Summer Theater Academy Waiver Form

Name _____

Address _____

Home Phone _____ Cell Phone _____

Male _____ Female _____ Birthday ____/____/____ Age _____

Parent/Guardian Name(s) _____

Printed Name: _____

Parent's Email _____

My signature below signifies that I am aware that the Lower Shore Performing Arts Company (LSPAC) does not carry accident or hospitalization insurance on any participant or spectator. Furthermore, I agree that I will have no claim against the LSPAC, its employees, volunteers, or sponsors for any losses or injuries that my child or I may sustain while participating in or watching the above event or program. I also give the LSPAC permission to render what first aid or emergency service deemed necessary, without cost to the LSPAC, its staff or volunteers. I also grant permission of photos and video to be used as promotional material for the LSPAC.

Parent/Guardian Signature _____ Date _____

Additional forms can be found online at www.lowershorepac.org