



Parent/Guardian Permission Form

As the parent/legal guardian of _____, a minor child, I understand and permit my son/daughter to participate in activities sponsored by The Georgetown Palace Theatre, Inc. ("Palace"). I understand, hold harmless and release, The Georgetown Palace Theatre, Inc., its **agents, affiliates, directors, sponsors, employees, assigns, or volunteers** for any accidents, injuries, suits, claims, demands, liabilities, actions, injuries, or any other unforeseen harms incurred at any time while my child participates in this activity. I understand that the Palace is not: (1) responsible for my child's acts or omissions, (2) liable for any damages caused by my child, or (3) responsible for providing any legal defense for my child for activities performed at or sponsored by the Palace.

I authorize the Palace and its sponsors to find adequate and reasonable medical treatment at my expense, if the need arises.

This waiver will serve as a medical release form, thus granting Palace or it's sponsors permission to act on my behalf until such a time that I can be contacted. I also understand that if any problems do arise, my child may need to be sent home. The parent/guardian will be contacted in the event this action is necessary.

I understand that by signing below, as the parent/legal guardian, I agree to and will adhere to the preceding statements and grant permission for my child to participate in this activity (Signing below does not nullify your rights granted to you by local, state, and federal laws). **Also, I understand that my child will not be allowed to participate if they are not accompanied by this completed form before the activity begins.**

PARENT/GUARDIAN SIGNATURE /DATE/ TEL # (s).

As a youth participant, I agree to abide by the guidelines and instructions of the leadership of The Georgetown Palace Theatre, Inc. I understand that if I disobey guidelines, instructions and expectations of the leadership, I will be sent home.

Youth's Signature/Date

_____ Date _____

ADDITIONAL INFORMATION

Please include any pertinent information medical or otherwise (i.e. allergies, jr. diabete's etc.)


