

NEWPORT CHILDREN'S THEATRE
RELEASE FORM

ACTOR'S FULL NAME: _____ D.O.B _____

Parent/Legal Guardian Name: _____

Street, City, Zip: _____

Home/Contact Phone _____ Parent Cell: _____

Parent email: _____ Actor email: _____

Parent's employer : _____ Work ph. _____

Emergency Name and phone: _____

Allegeries/Medical conditions:

EMERGENCY

In the event of emergency, illness or injury. I hereby give my permission for the staff of Newport Children's Theatre to use their best judgment in seeking medical treatment for my child. I release my child to the physician or medical facility of their choice. I understand that these measures will be taken only in cases where I cannot be contacted.

PUBLICITY

I hereby consent to the use of my child's name, and all video or photo images for educational, informational, developmental, promotional, and archival purposes.

I hereby discharge **The Newport Children's Theatre**, its licensees, assignees, and contractors from any and all claims and demands arising out of or in connection with the use of the aforementioned material.

Parent/ Guardian Signature

Date