



# Take 3 Christian Theater

## Release of Liability, Medical and Parental Permission/Agreement Form Cast

314-402-8301

Take3christiantheater.com  
info@take3christiantheater.com

### Parents Initial

\_\_\_\_ I personally agree, with my signature below, that I have read and fully understand this entire medical and liability release form and agree to the following statements by recognition of my initial.

\_\_\_\_ I release Take 3 Christian Theater, their board members, volunteers, company members, or any of their representatives as well as The Pillar Foundation and any of their representatives, from any and all liability for accident, injury or illness (including COVID 19) during a Take 3 Christian Theater event or activity.

\_\_\_\_ I give permission for pictures or video & audio of my child(ren) taken during Take 3 Christian Theater activities to be used by Take 3 Christian Theater in promotional, publicity and any other activities of Take 3 Christian Theater. (Including Take 3 Christian Theater's Website, Facebook, Instagram, email, yearbook, and/or other digital or social media uses)

\_\_\_\_ I am solely responsible for the careless or misuse of the technical equipment, props, costumes, scripts, music, or any Take 3 Christian Theater, The Pillar Foundation, or rehearsal/performance venue property as well as all borrowed items at all times to ensure that they are not lost, or damaged, and are safe, posing no harm to my child(ren) or others.

\_\_\_\_ I am also aware that when my child(ren) participates or is dismissed from rehearsals, performances, or regular activities, supervision may not be available.

\_\_\_\_ This form covers any/all times that my child(ren) participates in Take 3 Christian Theater activities and is not limited to a specific time frame or single date/event or location. My child(ren) is voluntarily participating in Take 3 Christian Theater activities, and I am aware there is a certain amount of risk involved and he/she (they) can become injured or ill. I am solely responsible for my child (ren), and my child(ren) are expected to follow any and all general safety precautions, rules, and directives from Take 3 Christian Theater leaders. Failing to comply with rules and directives can result in injury to my child(ren) or others and is grounds for Take 3 Christian Theater to disallow my child(ren) from participating in and/or being present at future events.

### Parent(s) or Guardian(s)

*In case of emergency, I give permission for my child(ren) to receive medical treatment. \_\_\_\_\_ (Initial)*

Please list child(ren) names: \_\_\_\_\_

Please list any medical considerations for your child(ren) including allergies: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent Primary Phone #: \_\_\_\_\_ Parent Secondary Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Primary Email: \_\_\_\_\_ Parent Secondary Email: \_\_\_\_\_

*With my signature below, I testify that I have read and understand this entire form and agree to it.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_