



# Take 3 Christian Theater

## Release of Liability, Medical and Agreement Form Adult Volunteer

314-402-8301

Take3christiantheater.com

info@take3christiantheater.com

### Volunteer 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.

\_\_\_\_ I release Take 3 Christian Theater, their board members, volunteers, company members, and 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 myself 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, or other digital and social media uses).

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

\_\_\_\_ This Form covers any/all times that I participate in Take 3 Christian Theater activities and is not limited to a specific time frame or single date/event or location. I am voluntarily participating in Take 3 Christian Theater activities, and I am aware there is a certain amount of risk involved and I can become injured or ill. I am solely responsible, and am 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 myself or others and is also grounds for Take 3 Christian Theater to disallow me from participating in and/or being present at future events.

\_\_\_\_ I agree to have a background check if my service involves direct interaction with student company members. I agree to not be alone with any student while the door is closed, and I agree to withhold from engaging or pursuing any romantic relationship with any student volunteer in the company.

\_\_\_\_ I agree to support and uphold the Vision Statement of Take 3 Christian Theater and The Pillar Foundation as well as collaborate while deferring to the Manager(s) of Volunteers in regard to my service to Take 3 Christian Theater.

\_\_\_\_ In case of emergency, I give permission for my medical treatment.

Please list any medical considerations, including allergies: \_\_\_\_\_

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

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

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

Primary Phone #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

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

Primary Email: \_\_\_\_\_ Emergency Email: \_\_\_\_\_

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_