

SING OUT SEATTLE MUSICAL THEATRE CAMPS PHOTO RELEASE AND RELEASE OF LIABILITY FORM

CHILD'S NAME: _____

CAMP TITLE: _____

AGE: _____ BIRTH DATE: _____

ADDRESS: _____

CITY/STATE/ ZIP CODE _____

HOME PHONE: _____

Liability Release

I, as a parent or guardian, agree to allow SING OUT SEATTLE LLC to use my child's still or moving picture for any promotion and/or publicity relating to SING OUT SEATTLE. I understand that I will not receive any compensation for such use.

I, hereby, release SING OUT SEATTLE LLC from liability from any illnesses or injuries to my child while on the camp premises and waive any claim against SING OUT SEATTLE LLC, its agents, employees, or servants, whether paid or volunteer.

I understand that SING OUT SEATTLE LLC does not provide accident/medical insurance for my child. In case of an emergency, I hereby authorize representatives of SING OUT SEATTLE to seek medical assistance at the nearest medical facility and will be responsible for all medical costs and transportation necessary.

I understand that if my child needs to take any prescription medication, a parent/guardian must personally administer such medication.

Parent / Guardian Name (print) _____

Signature _____

Date _____