

# Rehearsal Handbook

## Waiver of Liability/Medical Release



In consideration of permission to participate in, today and on all future dates the property, facilities, and services of Kidz Theater and Kristen Caesar, I, on behalf of myself, my heirs, personal representatives, or assigns, do hereby release, waive, discharge, and covenant not to sue, Kidz Theater, Kristen Caesar, any directors, officers, employees, volunteers, independent contractors, and agents from liability from any and all claims arising from the ordinary negligence of Kidz Theater and Kristen Caesar or any of the aforementioned parties. This agreement applies to 1) personal injury (including death) from accidents or illnesses arising from the participation in Kidz Theater activities including, but not limited to, rehearsals, classes, and performances; and to 2) any and all claims resulting from the damage to, loss of, or theft of property.

**Indemnification and Hold Harmless:** I agree to HOLD HARMLESS AND INDEMNIFY Kidz Theater/Kristen Caesar from all claims resulting from negligence and to reimburse them for any expenses incurred by Kidz Theater/Kristen Caesar in investigating and defending a claim or suit if my claim is withdrawn, or to the extent a court or arbitration determines that Kidz Theater/Kristen Caesar is not responsible for the injury or loss.

**Severability and Venue:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of New York and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgement of Understanding:** I have read this waiver of liability and indemnification agreement and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law in the State of New York.

**Press and Photography:** I approve the use of any and all photos or film footage of my child to be used for Kidz Theater fliers, websites and other publicity, as well as for use in any other press such as newspapers, television, film, magazines, etc. I also approve the use of my child's name in any of these publications.

**Medical Release:** I, \_\_\_\_\_, Parent or Legal Guardian of \_\_\_\_\_, a minor child, hereby authorize any Medical or Surgical treatment which may be necessary in an emergency, and in my absence, for the well being of the above mentioned minor. I agree to hold the physician or hospital treating the above mentioned minor, harmless.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT CHILD'S NAME

### MEDICAL INFORMATION

Allergies/Medical Conditions: \_\_\_\_\_

Medications/Dosages: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

### EMERGENCY CONTACT

Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_