

Annex Children's Theatre in Education (Acte!)

Participant Release Form

Being a legal guardian of _____, I accept responsibility for his/her own medical coverage. I hereby give permission for staff and volunteers of ACTE, to arrange for any emergency medical care including hospitalization, transportation necessary and agree to pay for all expenses and costs incurred thereby. If emergency medical care is required attempt will be made to contact emergency contact person(s) shown above.

I agree to release and indemnify and save harmless ACTE, C.O.B. Michal Weinfeld from all claims arising from whatever participation in any programs organized by the staff/volunteer of ACTE by any cause whatsoever. I hereby permit ACTE to take and make use of photos and video of the child named above for promotional purposes.

Signature

Name (print)