

Pleasant Community Theatre Hill - Participation Form

Liability Waiver and Acknowledgement of Risk

Name of child/children/participant _____

Grade _____ Child's age _____

Parent/Guardian (if applicable) _____

Mailing Address _____

Email Address _____

Phone #s _____

In case of emergency, who should we call if you cannot reached? _____

Doctor's name _____ Doctor's phone # _____

Medical conditions or allergies that we should be aware of:

Yes, I can periodically stay during my child's activities and provide backup supervision.

Yes, please notify me regarding volunteering opportunities at the theatre.

My child/children, as stated above, has my permission to participate in activities (plays, dance classes, workshops, off-site performances, etc.) conducted by Pleasant Hill Community Theatre (PHCT) for the 2024-2025 season. I understand that there are guidelines (online at phct.org) and requirements for participation, and I agree to review these and agree to the terms prior to myself or my child participating. I will take full responsibility for any injury to myself or my child/children while participating in activities conducted by PHCT and will be responsible for any damage incurred as a result of my or my child's/children's actions. I authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary.

I authorize PHCT to use photos of my child in publications and on the theatre's website.

Yes No

Parent/Guardian/Participant _____ Date _____

Pleasant Hill Community Theatre (PHCT) / PO Box 802, Pleasant Hill, OR 97455 / 541-988-1195 / phct.org

A 501(c)3 organization.

