Description: atProctors_color**Participant Permission and Release**

**Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please note that this form MUST be submitted for each participant and at time of check-in***

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone (home): ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (other): ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_**

**Medical/Special considerations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact (someone not attending):**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In consideration of being allowed by the Arts Center & Theatre of Schenectady (“Proctors”) to participate in the above event (the “Program”), I hereby agree that:

* I agree to accept and abide by the rules and regulations of the Program as established by the Proctors and to obey the direction of Proctors representatives.
* I understand that video production and/or photography may be conducted during the Program. I grant full and irrevocable consent to Proctors and those acting under its permission or upon its authority, the unqualified right and permission to reproduce, copyright, publish, or otherwise use my photographic likeness.
* I understand that neither medical nor health insurance coverage is supplied by Proctors and that the participant is responsible for all insurance coverage.
* I understand and expressly assume the risk of any and all damage, injury, death, or harm which may occur to me or my property.
* I forever release and discharge Proctors its officers, directors, employees, agents, assigns, and insurers from any and all claims or liability arising out of or in connection with my and/or my child’s participation in the Program. This release includes libel, invasion of privacy, negligence, or other fault that result in personal injury, death, or property damage during or in connection with the above program or activities. This release will be construed according to the law of New York State. This Permission and Release shall inure to the benefit of licensees and assigns of Proctors, and shall be binding upon myself and/or my child, spouse, and my/his/her heirs, estate, personal representatives, and assigns.
* I understand that visitors are not allowed to bring alcoholic beverages into Proctors at any time.

This document contains a release of claims. Please read it carefully before signing. I acknowledge that I have received, read, understood, and agreed to the above and I voluntarily sign this Participant Release agreement.

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Legal Guardian – if participant is under 18**

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**