

ORANGE COUNTY CHILDREN'S THEATRE WORKSHOP REGISTRATION

Participant's Name:			
Birth Date:	Age:	Grade:	
Parent's Name:		Ph #:	
Email:			
Workshop:ANASTASIA Date/Time: September 11th, 2024 from 6: Price: \$30 Payment: Venmo @deanne-hemmens	:00-8:00pm		
PERMISSION SLIP/MEDICAL RELEA	ASE FORM/WAIVER O	F LIABILITY/COVID INDI	EMNIFICATION
I, the undersigned parent or legal guardian of permitted to participate with Orange County Children's to abide by them and to fulfill our obligations as required Administrative Board of OCCT immediately and not well will permit photographs and videos of my child taken Board of OCCT. Furthermore, I hereby authorize and consent to any x-supervision of any member of the medical staff and enlicensed under the provisions of the Dental Practice Act the State of California Department of Public Health. It hospital care being required but is given to provide aut best judgment may deem advisable. It is understood the patient, but that any of the above treatments will not be The novel coronavirus, COVID-19, has been declared and is believed to spread mainly from person-to-person recommend social distancing and have, in many location place preventative measures to reduce the spread of infected with COVID-19. Further, attending OCCT activities a death. I understand that the risk of becoming exposed myself and others, including, but not limited to, OCCT of the foregoing risks and accept sole responsibility foor death), illness, damage, loss, claim, liability, or expechild(ren)'s attendance at OCCT activities ("Claims"), and hold harmless OCCT, its staff, employees, agents, costs or expenses of any kind arising out of or relating omissions, or negligence of OCCT, its staff, employees participation in any OCCT activity. I am also acknowled provided in the parent information packet.	red. If I have any questions regarwait for a problem to arise. In at this event to be used for public ray examination, anesthetic, medinergency room staff licensed under the staff of any acute general tis understood that this authorizate thority and power to render care what every effort shall be made to che withheld if the undersigned came a worldwide pandemic by the Worn contact. As a result, federal, staffons, prohibited the congregation of COVID-19; however, OCCT can tivities could increase your risk and for COVID-19 and voluntarily assured that such exposure or infection to or infected by COVID-19 at Our any injury to my child (ren) or mense, of any kind, that I or my child. On my behalf, and on behalf of mand representatives, of and from the tense, and representatives, whe edging receipt of OCCT's Covid-	ding participation in this event I will a city and other purposes by authorizat cal or surgical diagnosis rendered under the provisions of the Medicine Pract hospital holding a current license to ion is given in advance of any specification in the aforementioned physician in contact the undersigned prior to render not be reached. Orld Health Organization. COVID-19 the, and local governments and federal of groups of people. Orange County Count guarantee that you or your child(not guarantee that you or your child(not guarantee that my child(ren) and I ment the risk that my child(ren) and renew the risk	ask a member of the ion of the Administrative der the general or special etice Act or a dentist operate a hospital from c diagnosis, treatment on the exercise of his/her ing treatment to the is extremely contagious and state health agencie Children's Theatre has pren) will not become g COVID-19. By signin may be exposed to or s, permanent disability, dissions, or negligence of arily agree to assume al ersonal injury, disability nnection with my at not to sue, discharge, laims, actions, damages, ased on the actions, efore, during, or after nce Guidelines, as
In consideration of acceptance of my child's registratic Theatre, its officers, administrative board, trustees, em way arising out of the participation in the activity liste the activity listed above unless revoked in writing.	ployees, and volunteers from any d above by my child. This author	liability, claim, or action for damage ization is to remain in effect during th	s resulting from, or in an e time of enrollment in
Parent's or Legal Guardian's Name (Print)	Parent's o	r Legal Guardian's Signature	//
Allergies (if none, please write NKA):			
Emergency Contact:			