

ORANGE COUNTY CHILDREN'S THEATRE <u>CAMP</u> REGISTRATION

ANGE COUNTY CHILDREN'S THEATRE		
Participant's Name:		
Birth Date:	Age:	Grade:
Parent's Name:		Ph #:
Email:		
Workshop:MUSICAL THEATER Date/Time: July 15-19, 2024 from 9 Price: \$225 Payment: Venmo @deanne-hemmer	9:00am-12:00pm (ages 6-11)	
PERMISSION SLIP/MEDICAL R	ELEASE FORM/WAIVER	OF LIABILITY/COVID INDEMNIFICATION
to abide by them and to fulfill our obligations a Administrative Board of OCCT immediately a I will permit photographs and videos of my ch Board of OCCT. Furthermore, I hereby authorize and consent to supervision of any member of the medical staf licensed under the provisions of the Dental Pra the State of California Department of Public H hospital care being required but is given to pro best judgment may deem advisable. It is under patient, but that any of the above treatments w The novel coronavirus, COVID-19, has been of and is believed to spread mainly from person-tr recommend social distancing and have, in mar in place preventative measures to reduce the sp infected with COVID-19. Further, attending O this agreement, I acknowledge the contagious infected by COVID-19 by attending OCCT ac death. I understand that the risk of becoming e myself and others, including, but not limited to of the foregoing risks and accept sole responsi or death), illness, damage, loss, claim, liability child(ren)'s attendance at OCCT activities ("C and hold harmless OCCT, its staff, employees, costs or expenses of any kind arising out of or omissions, or negligence of OCCT, its staff, er	as required. If I have any questions reamination of the wait for a problem to arise. ild taken at this event to be used for purplet of any x-ray examination, anesthetic, may be authority reaction of the staff of any acute gene fealth. It is understood that this authority wide authority and power to render car stood that every effort shall be made to be withheld if the undersigned c leclared a worldwide pandemic by the too-person contact. As a result, federal, so y locations, prohibited the congregation or ead of COVID-19; however, OCCT activities could increase your risk nature of COVID-19; however, OCCT of CCT staff, volunteers, and program bility for any injury to my child(ren) or a gents, and representatives, of and from relating thereto. I understand and agreemin ployees, agents, and representatives, where the staff of any any representatives of the staff of any site of the staff of t	, a minor, requests that he/she be of the rules, regulations, and expectations of the theater and agree garding participation in this event I will ask a member of the blicity and other purposes by authorization of the Administrative edical or surgical diagnosis rendered under the general or special nder the provisions of the Medicine Practice Act or a dentist ral hospital holding a current license to operate a hospital from zation is given in advance of any specific diagnosis, treatment or e which the aforementioned physician in the exercise of his/her o contact the undersigned prior to rendering treatment to the annot be reached. World Health Organization. COVID-19 is extremely contagious state, and local governments and federal and state health agencies on of groups of people. Orange County Children's Theatre has put cannot guarantee that you or your child(ren) will not become and your child(ren)'s risk of contracting COVID-19. By signing ssume the risk that my child(ren) and I may be exposed to or tion may result in personal injury, illness, permanent disability, or OCCT may result from the actions, omissions, or negligence of a participants and their families. I voluntarily agree to assume all r myself (including, but not limited to, personal injury, disability, child(ren) may experience or incur in connection with my of my children, I hereby release, covenant not to sue, discharge, m the Claims, including all liabilities, claims, actions, damages, e that this release includes any Claims based on the actions, whether a COVID-19 infection occurs before, during, or after id-19 In-person Rehearsal and Performance Guidelines, as

In consideration of acceptance of my child's registration for this activity, I hereby agree to indemnify and hold harmless Orange County Children's Theatre, its officers, administrative board, trustees, employees, and volunteers from any liability, claim, or action for damages resulting from, or in any way arising out of the participation in the activity listed above by my child. This authorization is to remain in effect during the time of enrollment in the activity listed above unless revoked in writing.

Parent's or Legal Guardian's Name (Print)	Parent's or Legal Guardian's Signature	// Date
Allergies (if none, please write NKA):		
Emergency Contact:	Phone #:	