

SOUTHPORT STUDIO THEATRE

BROADWAY BOOTCAMP ASSUMPTION OF RISK

RISK AND LIABILITY STATEMENT

I understand that during my child's participation in BROADWAY BOOTCAMP, although steps have been taken to provide proper organization, supervision, instruction and equipment for this program, it is impossible to guarantee absolute safety. I also understand that I share the responsibility for safety of my child in the camp, and I assume that responsibility. My child will agree to exercise all necessary caution and to obey the safety instructions of the staff involved. I release and hold harmless all instructors and leaders involved in this camp from liability for any accident not caused by negligence.

TREATMENT CONSENT

I give permission to the BROADWAY BOOTCAMP staff to take whatever emergency measures (e.g., first aid, disaster evacuation) as judged necessary for the care and protection of my child.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource deems it necessary. My personal health and accident insurance covers any accident or illness that my child might incur during the camp hours. I will personally guarantee any cost or other liability incurred during evaluation and treatment.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

Signature of Parent or Guardian (*circle one*): _____

Personal Insurance Carrier: _____

Please return forms before the first day of camp to:

*Southport Studio Theatre
1305 Jennings Road
Fairfield, CT 06824*