

THE MINES THEATRE

2017 youth

Summer Workshops

Student Name: _____

Date of Birth: _____ Female _____ Male _____

Student Name: _____

Date of Birth: _____ Female _____ Male _____

Parent/Guardian Name: _____
printed

Parent/Guardian Signature: _____
signature grants permission for minor to participate in workshop

Address: _____ City: _____ Zip: _____

Employer: _____ Daytime Phone: _____

Cell Phone: _____ Email: _____

Student Grade: _____ School: _____

Student Grade: _____ School: _____

Please circle t-shirt size(s):

Child	S	M	L		
Adult	S	M	L	XL	2X

Please list any theatrical experience:

Has student participated in any productions/workshops with The Mines Theatre? Please list:

		Workshop Cost	Number of Attendees	Total
Film Camp	Jun 28 - Jul 1	\$35	_____	\$ _____
Interpretive Dance & Musical Theatre	Jul 12 & Jul 14	\$25	_____	\$ _____
Acting Tech & Digital Resume'	Jul 22 - Jul 23	\$30	_____	\$ _____
Tech Camp	Aug 5 - Aug 6	\$25	_____	\$ _____

Please make cks payable to The Mines Theatre.

Workshop Total \$ _____

Mail to The Mines Theatre, 121 E Napoleon St, Sulphur LA 70663

To pay using a Credit Card, please contact the theatre @ 337.215.1602

**The Mines Theatre
Liability Release Form**

Name: _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT:

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of The Mines Theatre for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with The Mines Theatre, the undersigned, for himself/herself and such participating individual and child and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees, and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises, facilities and equipment and that participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts them as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE MINES THEATRE FACILITIES FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE MINES THEATRE, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH PARTICIPATING CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES, AND CONVENANTS NOT TO SUE The Mines Theatre, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all claims and liability to the undersigned or such children and each of their personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such child, whether caused by the negligence of the releases or otherwise, while the undersigned or such children are in, upon, or about the premises or any facilities or equipment therein or participation in any program affiliated with The Mines Theatre. THE UNDERSIGNED HEREBY AGREES TO IDEMNIFY AND SAVE AND HLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about The Mines Theatre's premises or in any way observing or using any facilities or equipment of The Mines Theatre or participation in any program affiliated with The Mines Theatre, whether caused by the negligence of the releases or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FO R AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE to the undersigned or such children due to the negligence of releases or otherwise while in, about or upon the premises of The Mines Theatre and/or while using the premises or any facilities or equipment thereon or participating in any program affiliate with The Mines Theatre.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be broad and inclusive as is permitted by the law of the State of Louisiana and that, if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees no oral representations, statements, agreements, or inducements apart from the above written agreement have been made.

X _____
Signature – if minor, Signature of parent or guardian Date

**The Mines Theatre
Image Release & Medical Release Information**

Name of Participant: _____

Is Participant a Minor: Yes No

IMAGE RELEASE

I authorize that any photographs, motion pictures and/or video recordings of myself or my minor child during our/their participation in a program/ production at The Mines Theatre may be used by The Mines Theatre for the purpose of promotion in perpetuity. These photographs, motion pictures and/or video recordings will be fully owned by The Mines Theatre and you won't make any claim against them or the photographer for their use for any reason whatsoever. It is understood by the party participating in The Mines Theatre activities that the scope of the Consent is as described above and that there will be no consideration, monetary or otherwise, required from The Mines Theatre in exchange for such consent.

I have read and agree to abide by the cancellation and image release policies.

Signature of participant or parent if a minor

Date

MEDICAL RELEASE INFORMATION

Do you or your minor child have any allergies, medical conditions, restrictions or other special needs? Please specify what the allergy is and what reaction is typical. It is especially important that we learn about allergies to bee stings and food.

In the event of an emergency and emergency contact or parent cannot be reached , I hereby authorize The Mines Theatre staff to conduct or provide any first aid necessary for myself/my child/children. I authorize the staff to arrange for transportation in case of an accident or acute illness of my child in conjunction with any authorized event. In the event it is impossible to receive instruction for my/child's care, consent is given to any licensed physician and/or surgeon called or to whom myself/my child is taken, for treatment by him/her to administer drugs and medication, and to perform such surgical treatment as he/she shall think the existing emergency requires for pain relief and/or preservation of my/my child's life, and or/health and wellbeing. Cost incurred for treatment of such illness or accident will be process through my insurance.

Signature of participant or parent if a minor

Date

Health Insurance: Yes No Medicaid: Yes No

Company: _____

Policy Number: _____

Family Doctor: _____

Doctor's Phone: _____

Doctor's Address: _____