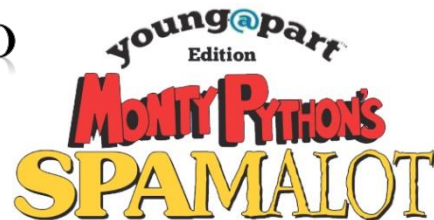




REGISTRATION & PHOTO RELEASE FORM



REGISTRATION INFORMATION

CHILD'S NAME: _____ GENDER: _____ AGE: _____

CHILD'S NAME: _____ OPTIONAL / MORE THAN ONE CHILD REGISTERED GENDER: _____ AGE: _____

CHILD'S NAME: _____ OPTIONAL / MORE THAN ONE CHILD REGISTERED GENDER: _____ AGE: _____

ATTENDS SCHOOL IN: ELK POINT ST PAUL OTHER _____ CIRCLE IF INTERESTED IN CARPOOL

PARENT/GUARDIAN'S NAME(S): _____

PREFERRED CONTACT #: _____ TEXT CAPABLE: YES NO

E-MAIL: _____

WOULD YOU BE INTERESTED IN BEING CONTACTED TO VOLUNTEER OR FUNDRAISE FOR EPTP: YES NO*

**if no, we will cash your volunteer bond cheques*

HEALTH / EMERGENCY INFORMATION

ADDITIONAL / EMERGENCY CONTACT: _____ NAME OF CONTACT _____ PHONE # OF CONTACT _____

DOES YOUR CHILD HAVE ANY ALLERGIES OR HEALTH CONCERNS WE SHOULD BE AWARE OF? PLEASE EXPLAIN:

CHILD WILL BRING NEEDED EPIPEN/INHALER/ETC WITH THEM TO REHEARSAL? N/A YES NO

OPTIONAL AB HEALTH CARE INFORMATION: _____ NAME OF CHILD _____ AB HEALTH CARE # _____

OPTIONAL AB HEALTH CARE INFORMATION: _____ NAME OF CHILD _____ AB HEALTH CARE # _____

PHOTO RELEASE AND CONSENT FORM

ELK POINT THEATRE PROJECT

PHOTO, VIDEO, AND SOUND RECORDING RELEASE AND CONSENT FORM

By signing this Photo, Video, and Sound Recording Release and Consent Form, you are giving permission to Elk Point Theatre Project to take and use photographs, video or sound recordings of your child(ren) for the production of *Monty Python's Spamalot young@part Edition*. This is completely voluntary and up to you.

Your consent to the use of the photographs, video, and sound recordings and your child(ren)'s image, likeness, appearance, and voice is for forever. You will not receive compensation for the use of your child(ren)'s image, likeness, appearance, and voice now or in the future. Elk Point Theatre Project may use the photographs, video and sound recordings containing your child(ren)'s image, likeness, appearance and voice in any manner or media, including use on web pages, Facebook, or radio ads. The photographs, video and sound recordings may be used in whole or in part, alone or with other recordings.

I understand and agree to the conditions outlined in this photograph, video, and sound recording release and consent form. As the parent or legal guardian of the participant(s) named below and on behalf of my child(ren), I irrevocably give consent to Elk Point Theatre Project to make use of my child(ren)'s image, likeness, appearance, and voice in photographs, video and sound recordings as described above. I acknowledge that I am fully aware of the contents of this release and am under no disability, duress, or undue influence at the time of my signing of this instrument.

[Printed Name of Child(ren) / Participant(s)]

[Printed Name of Parent/Guardian]

[Signature of Parent/Guardian]

[Date]