



Children’s Theatre of Long Beach

Consent and Release Form for an Adult

**Summer Theatre Program - Production of Pirates of Penzance
June 2024 – August 2024**

Please print in ink only

Participant’s Name		Age(s)		
Home Address		City	State	Zip
E-mail Address		Phone #	Alternate Phone #	
Emergency Contact Name #1		Relationship	Cell/Work Phone #	
Emergency Contact Name #2		Relationship	Cell/Work Phone #	
Doctor’s Name	Phone #	Insurance Co.	Policy #	

SHOW & DATES: Production of Pirates of Penzance - from June 2024 – August, 2024 (“production”).

PARTICIPATION CONSENT: I, the undersigned, do hereby consent to my participation in all the regularly scheduled activities of the production. Furthermore, I certify that I am physically fit to participate in all activities. I agree to notify the Children’s Theatre of Long Beach (“CTLB”) in the event of any health changes that would restrict my participation in any activity. I also understand that CTLB reserves the right to restrict me from any activity that they do not feel is within my physical capabilities.

LIABILITY RELEASE: I, the undersigned, do hereby release, forever discharge and agree to hold harmless CTLB, its directors, employees, volunteers and agents from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned while involved in the production. Furthermore, I hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in activities involved therein.

MEDICAL TREATMENT CONSENT: I, the undersigned, in the case of a medical emergency, hereby authorize CTLB to procure emergency medical services and authorize the providing of necessary medical services in the event of injury or illness. Furthermore, I understand that CTLB will not be responsible for medical expenses incurred, but I shall be liable and agree to pay all costs and expenses incurred in connection with such medical services rendered pursuant to this authorization. This authorization is to remain in effect through the entire production.

MEDIA RELEASE: I, the undersigned, do hereby grant permission for CTLB to photograph, video and/or voice record me during the production (or allow area news reporters to do the same) and to use such images and/or recordings for purposes of in-house CTLB use and/or for public promotion of CTLB including but not limited to brochures, websites, digital media, and newspapers.

Signature of _____ Date: _____
Adult Participant