



Children’s Theatre of Long Beach

Consent and Release Form for a Child

Open Mic Night - 2025

Please print in ink only

Child’s/Children’s Name(s)			Age(s)
Home Address	City	State	Zip
E-mail Address		Home Phone #	
Father/Guardian Name		Cell/Work Phone #	
Mother/Guardian Name		Cell/Work Phone #	
Additional Contact Other than Parent/Guardian	Relationship	Phone #	
Doctor’s Name	Phone #	Insurance Co.	Policy #

SHOW & DATES: Open Mic Night - from March 2025 – December 2025 (“production”).

PARTICIPATION CONSENT: I, the undersigned, being the parent or legal guardian of the above named child/children (“child/ward”), do hereby consent to the participation of my child/ward in all the regularly scheduled activities of the production. Furthermore, I certify that my child/ward is 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 child/ward’s participation in any activity. I also understand that CTLB reserves the right to restrict my child/ward from any activity that they do not feel is within the physical capabilities of my child/ward.

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 and the above child/ward while involved in the production. Furthermore, I [and on behalf of my minor child/ward] 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 my child/ward 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 Parent/Guardian _____ Date: _____