

**MILL MOUNTAIN THEATRE  
STUDENT LIABILITY WAIVER FORM**

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email (please print) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Special Health Care Needs \_\_\_\_\_

Special learning/Developmental Needs \_\_\_\_\_

Insurer & Policy # \_\_\_\_\_

**\*\*\* READ CAREFULLY BEFORE SIGNING \*\*\***

**RELEASE AND WAIVER:** The undersigned understands that participation in Mill Mountain Theatre or other educational programs at Mill Mountain Theatre will expose students to activities and equipment which can cause accidents and injuries, and that Students will not be supervised outside of class time. The undersigned acknowledges receipt of the "Conditions of Participation" and agrees to abide by the requirements contained therein. In consideration of Student's acceptance into MMT Educational Programs, that the undersigned does hereby release, waive, discharge, indemnify, and hold harmless Mill Mountain Theatre, its directors, officers, employees and agents, from and against any claim for damage, injury, loss or death to the above named student resulting from participation in any class, program, play or other activity either at Mill Mountain Theatre or at another location, including any damage, loss or injury resulting from failure to abide by the "Conditions of Participation." With a child's registration in classes, parent/guardian grants permission to take pictures and recordings of class/performances for publicity and promotional purposes (website, publications, etc.).

**HEALTH CARE AUTHORIZATION:** The undersigned hereby authorizes Mill Mountain Theatre employees to do any acts which may be necessary or proper to provide emergency health care of any student in the event that the Parent/Guardian cannot be reached, including consent to and authorization of medical procedures by physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their sole discretion, may deem necessary. The undersigned understands that (s) he is responsible for all costs and expense of such medical treatment.

**I HAVE READ THE ABOVE WAIVER AND RELEASE LIABILITY AND BY SIGNING, I AGREE THAT IT IS MY EXPRESS INTENT TO EXEMPT AND RELIEVE MILL MOUNTAIN THEATRE AND ITS EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY OR WRONGFUL DEATH OTHER THAN CLAIMS THAT RISE AS THE DIRECT RESULT OF ACTIVE OR FORESEEABLE NEGLIGENCE. I CERTIFY THAT I HAVE FULL AUTHORITY TO SIGN THIS RELEASE AND AUTHORIZATION.**

Student (if over 18)

Parent/Guardian

DATE \_\_\_\_\_

MMT will keep this form on file throughout a student's enrollment in MMT Educational Programs  
Please notify the staff of any changes to the above information. Thank you.