

Volunteer/Performance Waiver and Release Forms



dramaworks &
West End Theatre

14 Crescent Street
PO Box 1686 Quincy, CA 95971
+1 530 283 1956 (Office)
westendtheatre.us | dramaworks.us
info@dramaworks.us

Volunteer Full Name:

Contact Email (required):

Phone:

Are you 18 years or older: Yes No

Parent/Legal Guardian Email:
(required if Volunteer is under age 18)

Parent/Legal Guardian Address:

Parent/Legal Guardian Phone:

Emergency Contact

Full Name:

Relationship to Participant:

Phone:

Check to receive the dramaworks and West End Theatre Newsletter.

**VOLUNTEERS AND PERFORMERS MUST COMPLETE THE WAIVER
AND RELEASE FORMS.**

PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED IF VOLUNTEER IS UNDER AGE 18

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RELEASE OF LIABILITY (ADULT) PHOTO & VIDEO PERMISSION

I hereby grant the West End Theatre/dramaworks (WET) and its legal representatives' permission to photograph/video record me during any WET function. I understand that said pictures or video recordings may be used in newspaper articles for the promotion of the production, in production photographs, on a WET production video, or included on the WET website and/or social media web page.

I hereby waive any right that I have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge, and agree to hold harmless the West End Theater/dramaworks, its legal representatives or assigns, and all persons acting under their permission or authority or those for whom I am acting from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or another medium, or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

I hereby warrant that I am of full legal age and have every right to contract for myself in the above regard. I state further that I have read the above authorization, release, and agreement prior to its execution and that I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Actor's Printed Name

Date

Actor's Signature



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HOLD HARMLESS FORM AND MEDICAL RELEASE

Name: _____ Age :(if under 18 years of age) _____

Parent/Guardian Name (if under 18 years of age) _____

Address: _____ City: _____

Zip Code: _____ Home Phone: _____ Cell Phone: _____

Production: _____

HOLD HARMLESS FORM: I/ the parent or guardian of the child named above, I hereby acknowledge that I/ the child could be injured or have an accident while participating in the production. With this understanding, I hereby have consented/ or consent to allow the child to participate in the show and release dramaworks/ West End Theatre, the theatre board, and all officers, instructors, directors, choreographers, coordinators, spouses, or representatives of the aforementioned entities from any liability or claims resulting from any accident occurring to the person named above. I also agree to indemnify and to hold aforementioned parties harmless from any liability and expense from any accident or injury that may occur in any manner in connection with the production.

MEDICAL RELEASE: I/ the child named above, have/ has my permission to participate in the current dramaworks/ West End Theatre production _____. The following information is provided so that the adult in charge may reach an emergency contact/ responsible party in case of illness or accident during the rehearsal and production period.

Parent/Guardian _____ Phone: _____

Responsible Party Other than Above

Name: _____ Relationship: _____

Phone: _____

I am/ my child is in good health and may participate in all activities: Yes/ No (circle one)

If "No", list any exceptions: _____

I/ My child has the following allergies:



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In an emergency situation, an emergency medical technician may need the following information regarding My /My child's health (i.e. allergies chronic illnesses, seizures, etc.)

Medical Insurance Carrier: _____ Policy No. _____

Date of last tetanus shot: _____

I give my permission for the adult in charge to take myself /my child to a medical facility, if necessary, in case of emergency. If none of the above can be contacted, I consent to treatment for myself /my child under the supervision of, and as deemed advisable by, a physician licensed under the Medical Practice Act. This provides authority pursuant to Section 25.B of the California Civil Code.

Signed: _____ **Date:** _____

(Signature or that of Parent or Guardian of Child 18 years or younger)