



RCT Theatre Academy Release Form

Please fill in legibly, and submit once annually.

Name of Student _____

Age _____ **Grade** _____ **School** _____

Name of Parent(s)/Guardian(s) _____

Address _____

City _____ **State** _____ **ZIP** _____

Parent Email _____

Parent Cell Phone _____ **Work/Home Phone (Circle)** _____

Emergency Information

Contacts in Case of an Emergency

Name #1 _____ **Relationship** _____ **Phone** _____

Name #2 _____ **Relationship** _____ **Phone** _____

Student Allergies _____

Current Medications _____

Existing Conditions _____

Preferred Hospital _____

Release:

I allow the Roanoke Children's Theatre to use _____'s (name of student) photographs, likeness or recorded voice or video made during the camp for promotional purposes. I also release Roanoke Children's Theatre (and its teaching artists, volunteers and staff) and Total Action for Progress (TAP) (and its staff) from any and all claims for losses or articles and damages arising as a result of any accident, injury by the named child arising from participation in any RCT Academy activities. Further, should an injury or illness be sustained, I hereby authorize Roanoke Children's Theatre to administer first aid, or seek medical attention, in the event that I, as parent or guardian, cannot be reached.

Signed _____

Parent/Guardian Printed Name _____

Date _____