

Vicarious Theatre Company Entertainment Waiver

All Vicarious Theatre Company (VTC) members MUST complete, sign and return this form.

I, _____, (the undersigned) agree to abide by and be held responsible for all conditions and terms set forth in the VTC rules as presented to me and as they are updated from time to time. I will not receive payment for any VTC performance or event I participate in or any other activity I perform on behalf of the VTC. I will be held personally responsible for my actions in regard to any VTC member or audience member, functions activities and performances. In the event of an emergency, and if the below referenced Emergency Contact person is unavailable and/or cannot be reached, I hereby grant medical authority to the attendant VTC official or their designee.

By signing this waiver, I agree to hold the Admiral Theater or any other venue hosting a VTC performance or other activity, their Employees, Owners, VTC Members, or Board Members, harmless of any and all liability, direct or indirect, for any damages, injuries or losses I may incur as a result of performance, participation, attendance and/or actions on my behalf.

Signature Date Witness

PERSONAL INFORMATION

DOB _____ MEDICAL INSURANCE _____ ID NUMBER _____

ALLERGIES, SPECIAL CONDITIONS _____

PHYSICIAN _____ PHONE _____

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Members under the age of 18 must complete and have a parent or guardian sign below

I _____ (the undersigned) am parent or legal guardian for the above named individual. I hereby grant my explicit permission for them to participate in, attend and perform with The Vicarious Theatre Company. By signing this waiver, I agree to all the conditions as stated above. In the event of an emergency, and if the Emergency Contact person(s) are unavailable and/or cannot be reached, I hereby grant medical authority to the attendant VTC official(s) or their designee. I have read a copy of the cast rules and have been advised of show, meeting and rehearsal schedules.

Signature _____ Date _____

Phone Number _____ Relationship _____