

Creative Theatre Experience

PO Box 2192, Olympia, WA 98507

www.ctekids.org

The following waivers must be agreed to as part of the registration process:

WAIVER FOR PARTICIPANT

In consideration for Creative Theatre Experience (CTE) accepting my child's entry into this program, the Parent or Guardian assumes all risks and hazards incidental to the conduct of the activity. Furthermore, the Parent or Guardian does hereby release and hold harmless CTE, the Olympia School District, or their agents or assignees from any claim for damages arising due to any injuries, mental or physical, arising as a result of participation in the CTE program except for any injuries caused by the sole negligence of CTE, the Olympia School District, their agents or assignees.

CONSENT FOR EMERGENCY CARE

I hereby give permission that the above mentioned student may be given emergency treatment as needed by staff members of Creative Theatre Experience. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event I or my preferred physician cannot be contacted, I further consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by a physician to safeguard my child's health. Furthermore, the Parent or Guardian does hereby release and hold harmless CTE, or their agents or assignees from any claim for damages arising due to any injuries, mental or physical, arising as a result of participation in the CTE program except for any injuries caused by the sole negligence of CTE, their agents or assignees.

Jan 2013