

# 5-9 YEAR OLD BUTTERFIELD STAGE YOUTH THEATRE CLASSES

STUDENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

ZIP \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

WORK NUMBER \_\_\_\_\_

CELL NUMBER \_\_\_\_\_

## **CLASSES TO ATTEND: Fall 2019**

\_\_\_\_\_ \$100 per student – (\$75 for each additional sibling.)

Classes for ages 5-9 will be on Mondays from 4:15 PM – 5:45 PM beginning September 9th through November 11<sup>th</sup> for a total of 10 classes.

### **All fees for classes due upon registration..**

I hereby release the Butterfield Stage Players Community Theatre, Inc., the staff, the BSP Board of Directors, and any others involved in productions during the then current season from any and all claims for personal injuries or property damages.

I understand that photographs will be taken during the course of classes and showcase performances.

I hereby consent to and authorize the use by Butterfield Stage of any and all photographs.

I do not agree or authorize the use of any pictures of my child (children) for any purpose.

Total due \$ \_\_\_\_\_ Payment Type: Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Check # \_\_\_\_\_

Credit Card: M/C \_\_\_\_\_ Visa: \_\_\_\_\_ CC #: \_\_\_\_\_ Expiration date \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN Print: \_\_\_\_\_

DATE: \_\_\_\_\_

BSP Representative: : \_\_\_\_\_

Mail To: Butterfield Stage Players, P O Box 251, Gainesville, Texas 76241

# MINOR RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

(READ CAREFULLY BEFORE SIGNING)

Name of Event Location Date(s) Held \_\_\_\_\_

IN CONSIDERATION of being allowed to participate in any way in the Butterfield Stage Youth Theater event or activity indicated above and/or being permitted to enter for any purpose any restricted area (herein defined as any area wherein admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the above event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate.
2. I/we fully understand and acknowledge that:
  - (a) There are risks and dangers associated with participation in events and activities which could result in bodily injury.
  - (b) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the "Releasees" named below.
  - (c) There may be other risks not known to us or are not reasonably foreseeable at this time.
3. I/we accept and assume such risks and responsibility for the losses and/or damages following any such injury, however caused and whether caused in whole or in part by the negligence of the "Releasees" named below.
4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Butterfield Stage Players, Butterfield Stage Youth Theater, the Board of Directors, sponsors, advertisers, officers, agents and employees, all for the purposes herein referred to as "Releasees," from all liability to the undersigned, my/our personal representatives, assigns, executors, heirs and next of kin for any and all claims, demands, losses or damages on account of any injury, including but not limited to the death of the participant or damage to property, caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise.
5. On behalf of the participant and individually, the undersigned parent(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the "Releasees," the parent(s) and/or legal guardian(s) will reimburse the "Releasees" and their insuring company for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY WITHOUT INDUCEMENT.

1. \_\_\_\_\_  
Parent or Guardian (Signature/Relationship) Date

2. \_\_\_\_\_  
Parent or Guardian (Signature/Relationship) Date

Printed Name of Participant: \_\_\_\_\_

Address of Participant: \_\_\_\_\_

Printed Name of Parent or Guardian: 1. \_\_\_\_\_

Printed Name of Parent or Guardian: 2. \_\_\_\_\_