

Musicals at Richter

Summer Youth Musical Theater Workshop

Authorization & Waiver Form

*Please review, complete, and sign each of the forms/waivers. One or both parents or guardians must sign.
These forms must be turned in before or on the first day of the program.
No student will be allowed to participate without these forms.*

1. EMERGENCY AUTHORIZATION FORM

I/We _____ is/are the
parent(s), custodial parent(s), or guardian(s) of _____
who is participating in the *SUMMER YOUTH MUSICAL THEATER WORKSHOP* program at
Musicals at Richter. In the event I/We cannot be reached, I/We authorize the Program Directors or
the acting person in charge of the program to make decisions regarding the emergency care and
treatment of _____, including seeking and approving of
medical treatment. This Emergency Authorization is valid
from _____ to _____, the entire dates of the program.

Date	Signature of Parent or Guardian	Relationship to Participant
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Date	Signature of Parent or Guardian	Relationship to Participant
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2. WAIVER OF LIABILITY FORM

In consideration of the use of the Richter House, its grounds, and stage facility, the undersigned understands that, as the parent(s) or guardian(s) of the participant, he/she/they is/are assuming full responsibility of any injury arising from the use of these facilities. Any personal belongings that _____ brings with him/her to the Richter House and grounds is at his/her risk and is not the responsibility of Musicals at Richter. Furthermore, it is noted that the Musicals at Richter's insurance coverage does NOT cover these personal items. I/We understand and agree that Musicals at Richter program personnel will provide _____, my/our child or ward, with instructions on any limitation to his/her participation based on what was disclosed by the medical history report form. I/We am/are aware that Musicals at Richter's *SUMMER YOUTH MUSICAL THEATER WORKSHOP* is an athletic and artistic discipline that involves physical activity. My/our child or ward's participation in this activity is with the knowledge that even when working slowly and safely on age appropriate skills within a safe environment there is always the potential for injuries.

Date	Signature of Parent or Guardian	Relationship to Participant
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Date	Signature of Parent or Guardian	Relationship to Participant
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3. WAIVER OF PUBLICITY FORM

I, the undersigned, give permission for the use of any photos, movies, and audio or video tapings of my child's activities in the Musicals At Richter *SUMMER YOUTH MUSICAL THEATER WORKSHOP*. The material so obtained may be employed with Musicals at Richter for educational purposes, media coverage or for any publicity purposes.

Date	Signature of Parent or Guardian	Relationship to Participant
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Date	Signature of Parent or Guardian	Relationship to Participant
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MAR Kids Participant Medical History Report

This form must be completed, signed and returned by parent or guardian. It is the aim of Musicals at Richter to have each participant enjoy as complete an experience as is possible within his/her capabilities. Your medical history will provide the essential information needed to meet this goal. The history is required primarily to determine what adjustments, if any, should be made in schedules of activities to meet the individual needs of participants, and that the participant may safely participate in those activities. NOTE: MUSICALS AT RICHTER, THE DIRECTORS, AND ALL STAFF RESERVE THE RIGHT TO DETERMINE THE EXTENT OF PARTICIPATION OF EACH PARTICIPANT IN ALL ACTIVITIES CONDUCTED AT THE MUSICALS AT RICHTER SUMMER YOUTH MUSICAL THEATER WORKSHOP.

The CONFIDENTIAL information will also be used in the event of any participant injuries.

Please Clearly Print the Following Information

Participant (LAST NAME, FIRST, MI)	STUDENTS AGE / BIRTHDATE
PARENT / GUARDIAN NAME	ADDRESS
DAY PHONE	MOBILE PHONE

IN CASE OF AN EMERGENCY CONTACT (AVAILABLE 24 HOURS)

FULL NAME
RELATIONSHIP
CONTACT NUMBER

PERSONAL HISTORY

Please check the box besides any current or previous medical issue

- | | | |
|--------------------------------------------------|------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Measles (Rubella) | <input type="checkbox"/> Kidney | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Rubella (3-day measles) | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Bladder problem | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Chicken pox |
| <input type="checkbox"/> Tension or depression | <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Frequent headaches |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Palpitations |
| <input type="checkbox"/> Knee Sprains | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Hay fever, asthma |
| <input type="checkbox"/> Thyroid | <input type="checkbox"/> Ear trouble | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Jaundice, liver disease | <input type="checkbox"/> Heart problem | <input type="checkbox"/> Heart murmur |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Stomach trouble | <input type="checkbox"/> Throat problems |
| <input type="checkbox"/> Eye trouble | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Back problem | <input type="checkbox"/> Joint problems |
| <input type="checkbox"/> Allergies (drugs/food) | <input type="checkbox"/> S T D's | <input type="checkbox"/> Gall bladder trouble |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hernia | <input type="checkbox"/> Sickle cell anemia |
| <input type="checkbox"/> Seizure / Epilepsy | <input type="checkbox"/> Neurological disorder | |
| <input type="checkbox"/> Ankle Sprains | <input type="checkbox"/> Knee Sprains | |
| <input type="checkbox"/> Mild | <input type="checkbox"/> Mild | |
| <input type="checkbox"/> Severe | <input type="checkbox"/> Severe | |

Other _____

Please list here any HOSPITALIZATION or OUT-PATIENT SURGERY that the workshopper has had within the past five years.

Name of Hospital	City & State	Date	Type of illness or operation	Outcome