



PLEASE COMPLETE BOTH PAGES

THIS RELEASE FORM MUST BE SIGNED BY THE PARENT / GUARDIAN AND SUBMITTED TO THE DRAMA SCHOOL BEFORE THIS REGISTRATION CAN BE PROCESSED AND CONFIRMED.

I am the parent or legal guardian of \_\_\_\_\_ (the "Student"), who is under 18 years of age, and desire that the Student participate in the school activities (the "Activities") of the Drama School of Lorraine Kimsa Theatre for Young People (the "Theatre"). I acknowledge that I must advise the Drama School Coordinator in writing if the Student is not physically fit to participate fully in the activities. I also acknowledge that there are risks in participating in the Activities. I agree that, having taken such precautions as in its discretion are deemed advisable, the Theatre will not be held responsible for any injury, sickness or accident to the Student participating in the Activities. I authorize the Theatre to secure medical care for the Student. If for any reason the Student requires medical attention beyond any first aid furnished by or on behalf of the Theatre, I agree to be responsible for any expenses incurred. I agree to indemnify the Theatre, its officers, directors, agents and employees and save them harmless from and with respect to all suits, actions and prosecutions by reason of any Activity carried out by the Student, whether on or off the Theatre's property. I consent to the use of the likeness (including still photographs and videos) of the Student in connection with the Drama School of the Theatre and related institutional promotional purposes throughout the world and without any compensation.

I expressly release the Theatre, its officers, directors, agents, employees, licensees and assigns from and against any and all claims for invasion of privacy, defamation, infringement of copyright or any other cause of action that may arise out of such use.

I hereby irrevocably release the Theatre from any and all claims for libel and invasion of privacy in connection with the foregoing.

I, the undersigned, have read the above and agree to its terms:

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PRINTED NAME OF PARENT OR LEGAL GUARDIAN (IF STUDENT IS UNDER 18 YEARS OF AGE)

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SIGNATURE

DATE

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|---|--|---|
| PLEASE MAIL TO:   | OR FAX TO:                                   | OR E-MAIL:  |
| LKTYP<br>MARCH BREAK DRAMA CAMP<br>165 Front Street East<br>Toronto, ON M5A 3Z4 | 416.363.5136<br>ATTN: MARCH BREAK DRAMA CAMP | <b>SIGNED FORM AS PDF</b><br>TO: <a href="mailto:boxoffice@lktyp.ca">boxoffice@lktyp.ca</a> |