

ACT OUT ! OLATHE
Registration Page Two

Student's Name: _____ Date of Birth: _____ Phone _____

Allergies / Medical Info: _____

Address _____ City _____ State ____ Zip _____

Release of Liability

As the undersigned adult I affirm that I am the parent and/or legal guardian of the above referenced minor (Child). I hereby grant permission for Child to participate in activities, snacks, events or trips that are conducted and/or sponsored, in whole or in part, by **Act Out! Olathe**, Margaret-Leigh Guthrie, staff & volunteers, and /or First Christian Church of Olathe. In consideration of Child being permitted to participate in activities or trips, I hereby release and hold harmless Margaret-Leigh Guthrie, **Act Out! Olathe**, and First Christian Church of Olathe, its officers, employees, ministers, representatives and volunteers from any and all liability for any resulting damage or injury that Child may incur.

- 1) I understand that this Release & Waiver of Liability applies to all activities, events and trips.
- 2) I understand that as a result of participating in activities, events or trips my child may be transported by car or van.
- 3) I understand that I am responsible to **deliver my child inside the building** and to the classroom.
- 4) I understand that **I must arrive at the classroom door 5 minutes early to pick up my child** after class.
- 5) I alone am responsible for the safety of my child in arriving and departing the classroom, even if I appoint someone to pick up or deliver my child in my absence. I alone am responsible for my child's safety before the starting time of class, and immediately upon the ending time of class.

Agreement to be held responsible for child's behavior and actions.

I understand that all **Act Out! Olathe** activities, events and trips are alcohol free, smoke free, and drug free and are governed by generally accepted rules of conduct and behavior.

- 1) I hereby agree to be held liable for Child's actions and release Margaret-Leigh Guthrie, **Act Out! Olathe**, and First Christian Church of Olathe from any liability for Child's actions, in the event that such actions or behavior causes damage or injury to property or person.
- 2) I acknowledge that **Act Out! Olathe** reserves the right to restrict Child's involvement in any activity, event or trip. I agree to pick up my child immediately if asked, & will not receive a refund if my child is dismissed due to behavior or language.

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Emergency Contacts: In the event I need to be contacted I can be reached at:

Home Phone:	Office Phone:	Cell Phone 1	Cell Phone 2	Name & phone # for alternative contact

Consent for Photo Release

I hereby authorize and consent that **Act Out! Olathe** shall have the right to copyright, publish, use, sell, allow, or assign any photographic portraits or pictures, television spots, films, videotapes and/or sound recordings of my child, or group including my child.

Consent for Medical Treatment

In the event of an accident or injury to my Child, authorization is hereby given to an appropriate adult representative or volunteer of **Act Out! Olathe** to do or arrange for any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power:

- (i). to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and
- (ii). to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

I agree to be responsible for all costs incurred as a result of medical treatment or hospitalization for Child.

These agreements begin on January 1, 2008 and end January 1, 2009.

Signature of Parent/Guardian: _____

Print Name: _____

Relationship to Minor Child: _____

Date signed by Parent / Guardian: _____