



CONTACT SHEET/PERMISSION FORM - ADULTS

Name: _____

Address (Street, City, Zip): _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

In case of an emergency please list at least one relative or friend:

Name: _____

Relationship _____

Phone: _____

Name: _____

Relationship _____

Phone: _____

In order to keep our staff informed and aware, please list any medical information (allergies, medications, physical limitations, etc.).

Please read and sign below:

MEDICAL RELEASE

It is understood persons participating in this Rockwall Community Playhouse activity will be engaging in rehearsals, doing physical exercise and may be working with or around power tools. Although RCP will attempt to give proper instruction and supervision, it does not take responsibility for the safety of participants. By participating in Rockwall Community Playhouse, I waive any and all liability on the part of RCP, its employees, staff and volunteers, and agree to indemnify and hold Rockwall Community Playhouse Board, Staff, and Volunteers harmless. I also agree to allow RCP staff to obtain medical treatment should I become incapacitated and my designated representative(s) listed above cannot be reached.

PUBLICITY RELEASE

By participating I hereby give Rockwall Community Playhouse the right and permission (with respect to my name/likeness)

- a) To record/photograph my likeness, performance and participation;
- b) To copyright the same in its own name or in any other name which it may choose;
- c) To telecast the communications of the recording thereof one or more times over any Internet site, station or stations, or to publicize the Communications or any portion thereof by any means, for any purpose whatsoever in whole or in part, including (but not by way of limitation), promotion, advertising, trade; and
- d) To use my name in connection therewith if it so chooses.

I acknowledge that Rockwall Community Playhouse will be the sole owner of all publicity rights. I hereby assign any copyright rights, publicity rights or any other rights that I may have regarding the communications to Rockwall Community Playhouse. I also hereby release Rockwall Community Playhouse from any and all claims of any nature whatsoever which I could or might have against the Releases by reason of any fact or matter whatsoever.

ZERO TOLERANCE ACKNOWLEDGEMENT

It is understood that RCP has a policy of zero tolerance for the use of alcohol or illegal drugs or being under the influence of same while participating in rehearsals, work sessions and/or performances. It is also understood that this policy extends to alcohol use by minors at any time, including at gatherings other than rehearsals, work sessions and performances when adults may be consuming alcohol.

Name (Please Print) _____ Date: _____

Signature _____