



## CONTACT SHEET/PERMISSION FORM - ADULTS

Name:

Address (*Street, City, Zip*):

Home Phone:

In case of an emergency when neither parent can be reached, 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:

It is understood persons participating in this Rockwall Community Playhouse (hereinafter referred to as RCP) 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.

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, unless authorized by the RCP Board of Directors. 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 where adults may be consuming alcohol. RCP does not tolerate the possession or sharing of inappropriate material of any kind while on the premises. Violation of any of these policies is cause for immediate removal from RCP premises.

By participating in RCP, I waive any and all liability on the part of RCP, its employees, staff and volunteers, and agree to indemnify and hold RCP Board, Staff, and Volunteers harmless.

I also agree to allow RCP staff to obtain, solely at my expense, emergency medical treatment should I become incapacitated and my designated representative(s) listed above cannot be reached.

Name (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_