



ACTING OUT! YOUTH CLASSES

Please register with the
Lewiston Civic Theatre Box Office, 832 Main Street, Lewiston
Call 208-746-3401

Performance Group Start Date: _____

Student's Name: _____ Age: _____

Student's Address: _____

Student's City, State, Zip _____

Parent/Guardian's Name: _____

Parent/Guardian's Address: _____

Parent/Guardian's City, State, Zip _____

Parent/Guardian's **Phone** (Best Contact): _____

Parent/Guardian's **Email** (Best Contact): _____

Emergency Contact Name/Relation: _____

Emergency Phone: _____

LETTER OF AGREEMENT

1. I give permission for (Student's Name) _____ to be photographed for publicity and promotional projects.
2. In case of emergency, contact _____
(Name, Relationship and Phone Number)
3. Emergency Medical Attention may be given before I arrive: YES NO (Circle One)
4. _____ (Student's Name) has the following allergies and / or medical conditions (please list).

The undersigned does hereby release and agree to hold harmless **The Lewiston Civic Theatre** and the representatives, agents and employees thereof from all liability, loss claims, and demands which may accrue from any loss, damages or injury to the undersigned person. I understand The Lewiston Civic Theatre does not provide insurance to their participants. I certify that I and my child are physically and mentally able to participate in the performances and activities associated with the Performance Group. I, intending to be legally bound, waive and release my rights and claims for damages I may accrue against all sponsors of this program.

MEDIA RELEASE FORM

- 1) I, the undersigned, hereby authorize the Lewiston Civic Theatre to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).
- 2) I authorize use of any such photographic or electronic reproductions of me for any purpose, including but not limited to educational and other public media as may be deemed appropriate by the Lewiston Civic Theatre (I understand that I may be identifiable from such photographic or electronic reproduction).

RELEASE AND INDEMNITY AGREEMENT

I (print student's name) _____ hereby state that I wish to participate in activities offered by the Lewiston Civic Theatre, a non-profit organization.

I recognize that any theatrical activity may involve certain risks, including, but not limited to the hazards of rehearsing and performing in areas where sets are being erected, accidents, forces of nature and the actions of participants and other persons. I further understand and agree that without some program providing protection of its assets and its leaders; Lewiston Civic Theatre would not be able to offer its activities.

In consideration of and as part payment for the right to participate in the activities offered by the Lewiston Civic Theatre, I hereby release the Lewiston Civic Theatre and its members from any and all liability, claims and causes of action arising out of or in any way connected with my participation in any activities and further by the Lewiston Civic Theatre. I include in this release any organization or individual who provides facilities or services for the Lewiston Civic Theatre. I personally assume all risk in connection with their activities and further agree to indemnify the Lewiston Civic Theatre, its members and any organization or individual who provides facilities or services for the Lewiston Civic Theatre from all liability, claims and causes of action which I may have arising from my participation in activities. The Terms of this agreement shall serve as a release and indemnity agreement for my heirs, personal representatives and for all member of my family including minors.

PERFORMANCE GROUP STUDENT AND PARENT CONTRACT

- Members of the performance classes are expected to attend every regularly scheduled class and performance established by the instructor.
- Members who need to miss a class or performance scheduled for their class must provide notice to the instructor 24 hours prior to their absence. Three unexcused absences will result in being dropped from the group. Email is appropriate notification.
- Drifting in and out of the group is not acceptable.
- Professionalism and maturity are expected from all members.
- All Performance class actors and singers are expected to exhibit punctuality, regular attendance, and a commitment to excellence, seriousness towards projects, and a good work ethic.
- Casting in a performance group at LCT is at the discretion of the director of each group. Casting is based on many different factors, including, but not limited to talent and growth potential. Groups will not be cast based on seniority. Not getting the part the student desired does not give the student the right to leave the group. In joining a performance group you must trust the vision of the director.
- LCT understands that circumstances arise throughout the session but we are asking each student to abide by our contract.

PARENTAL CONSENT

(Parents or Legal Guardians must sign for all persons under eighteen (18) years of age.)

I certify that I am the parent or guardian of the individual above, (student's name) _____, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her authorizations referred to in this Letter of Agreement, Media Release Form, Release and Indemnity Agreement, and Performance Group Student and Parent Contract.

Signature of Student's Parent/Guardian

Date

Address of Parent/Guardian (if different)

Phone (if different)

City, State, Zip