

# One Flew Over The Cuckoo's Nest



# Liability Form

ACTor's Name: \_\_\_\_\_ T-Shirt Size: YM YL S M L XL XXL

### Responsible party signature:

*By signing below, I agree to pay the fee to ACT for my child's participation and acknowledge the information provided is accurate, and I have read and understand the no-refund policy. Further, I acknowledge receiving the Theatre Etiquette Agreement, understand its importance and agree to abide by its terms.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Participant/Child

### Permission and Liability Waiver

I, \_\_\_\_\_ give permission for \_\_\_\_\_ to  
Parent/Guardian/Responsible Adult Name Child's Name  
participate in Arlington Children's Theatre's production of *One Flew Over the Cuckoo's Nest* and hereby waive Arlington Children's Theatre and its personnel from liability for any accidental injury and for any damage to or loss of my property. Unless otherwise specified in writing, ACT has my permission to use photographs of my child on its website and in publicity materials for this or other productions or workshops.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### Conflicts Please list any conflicts you have between Oct 26<sup>th</sup> and December 6<sup>th</sup>.

**PLEASE NOTE THAT THE ENTIRE CAST IS REQUIRED TO ATTEND REHEARSALS AND PERFORMANCES THAT ARE CALLED BETWEEN December 7<sup>th</sup> and 13<sup>th</sup>.**

### OPTIONAL: Permission to Leave Rehearsals by Themselves

*Please sign below if you give your child permission to leave rehearsals and/or shows by themselves. By signing below, you absolve ACT of any responsibility once they leave the rehearsal or show space.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date