



The Witches

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 *The Witches* 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 Sept 15th and November 1st.
PLEASE NOTE THAT THE ENTIRE CAST IS REQUIRED TO ATTEND REHEARSALS AND PERFORMANCES THAT ARE CALLED BETWEEN November 2nd and 8th.

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