2017 Alumni Show

Adult Liability Form

ACTor's Name: _____

Responsible party signature:
By signing below, I agree to pay the fee to ACT for my 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 Participant

Permission and Liability Waiver

I, _____ agree to participate in Arlington Children's
Adult Participant's Name
Theatre's *2017 Alumni Show* 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 Adult Participant Date

Conflicts **Please list any conflicts you have between December 27th and January 6th.**

Emergency Contact Information
Please list name and phone numbers we should contact in case of emergency:

Name	Phone Number