

# Broadway Experience Production Registration Form

Cast Members Name	_____	Home Phone	_____
Adult's Name	_____	Adult's Cell	_____
Address	_____	Cast Member Cell	_____
City	_____	State _____	Zip _____
Email Address	_____		

I will be available to work: Load - in  Load - out

**Medical Release:** I do hereby give permission for a certified emergency professional or health care professional to administer any type of medical treatment he/she deems necessary to the above child in case of an emergency and in the event that I cannot be contacted.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Hospital Name \_\_\_\_\_

Existing Medical Condition \_\_\_\_\_

## RELEASE OF LIABILITY & ASSUMPTION OF RISK

I, \_\_\_\_\_ on behalf of myself: or \_\_\_\_\_ on behalf of my minor child, hereby waive in advance any and all actions or causes of action and claims for injury or property damage which I may have, or which may hereafter accrue to me, my heirs or other successors as a result of my participation in any activity, or activities incidental thereto, (hereinafter referred to as the "activity") sponsored by Broadway Experience in the attached registration form. This is intended to release and hold harmless Broadway Experience and its officials, officers, employees, contractors and agents.

I understand that I must be in good health prior to participating in the activity. I understand that serious accidents occasionally occur to participants during such an activity, transportation to or from such activity and during activities incidental to such an activity. Knowing these risks, I expressly assume those risks and agree that under no circumstances will I or any of my heirs or successors present any claim or action against Broadway Experience.

Participants permit the taking of photographs/videos of themselves and/or their minor children by Broadway Experience & Deborah Tracey Photography during activities to be used in Broadway Experience publications and/or affiliated websites.

I HAVE READ THE ABOVE AND ACKNOWLEDGE THAT I AM GIVING UP LEGAL RIGHTS BY SIGNING THIS AGREEMENT.

Signature Required \_\_\_\_\_ Date \_\_\_\_\_