

Child's Name: _____ Child's Name: _____

Child's Name: _____ Child's Name: _____

Release and Hold Harmless Agreement

As a participant in the *Starlight Theatre Co. of Las Cruces*, I acknowledge that there are certain risks of injury. I waive and relinquish all claims that I or my children may have, as a result of participating in this program, against *Starlight Theatre Co. of Las Cruces* and its directors and volunteers.

I further agree to indemnify, hold harmless and defend *Starlight Theatre Co. of Las Cruces* from and against any and all claims, suits, or cause of actions, including reasonable attorney's fees, sustained or caused by myself or my children, arising out of, in connection with, or in any way associated with the activities of this program.

I give my child permission to participate in this program, and on the child's behalf as parent and/or legal guardian I hereby waive, release and forever discharge any and all claims against *Starlight Theatre Co. of Las Cruces* and its directors and volunteers for damages and/or injuries which may arise from my child's participation in this program.

_____ I've read the above and I agree. (Initial)

Photo Release

I grant permission for the release of photographs of my child for publication on the *Starlight Theatre Co. of Las Cruces* website and to Las Cruces and El Paso news media. I understand that these photographs may be printed in newspapers, magazines, and websites. The photos may be distributed to production participants and will also appear on display boards as a means of promoting the *Starlight Theatre Co. of Las Cruces'* productions. I further understand that my child's name and the role he/she is playing may also appear in print or on local television or radio programs.

_____ I've read the above and I agree. (Initial)

Medical Emergencies

As a parent and/or guardian, I authorize the treatment by a qualified, licensed medical doctor, of the minor(s) registered here in the event of a medical emergency which, in the opinion of the physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

_____ I've read the above and I agree. (Initial)

Date: _____

Parent/Guardian Name (Print): _____

Signature: _____