



PARENT CONSENT FORM



This form must be completed and returned to
Awareness Theatre Program Directors before the program begins.

716-664-3608

716-366-4623

General Contact Information:

Student First Name	Last Name	Date of Birth
Address	(City, State & Zip Code)	Phone #
		Email

Dear Parent/Guardian:

As part of the **Awareness Theatre Program**, your son/daughter will be participating in sessions held at the Reg Lenna Center for the Arts, 116 E. 3rd Street, Jamestown, NY. The session will include topics such as _____.

Please provide us with the information requested below, together with your consent and release:

1) In case of emergency, list two people to be contacted (please give the best phone numbers to reach you):

	Emergency Contact #1	Emergency Contact #2
Name		
Relationship		
Address		
Phone and Email		

2) Does your child have a medical or other condition that we should be familiar with? Yes ___ No ___ If yes, please use back to describe.

3) Does your child have any dietary restriction/allergies? Yes ___ No ___ If yes, please use back of form to describe.

I, _____, Parent or Guardian of above named student, hereby give my consent to the Student's participation in the **Awareness Theatre Program**, which includes practice sessions at the Reg Lenna and to youth agencies. I understand that the student may occasionally be walking, or traveling by other means to youth agencies in Jamestown without a teacher or mentor supervision, but that the Student will be accompanied by volunteers from the **Awareness Theatre Program** while programs are in session.

In consideration of the permission granted to me and for the Student to participate in the **Awareness Theater Program**, we, the Student and the Parent/Guardian, to the extent permitted by law, do hereby (1) assume any and all risk and liability for losses or damages to property and for damages, injuries or death which may arise in connection with travel to or participation in activities, programs or functions implemented by **Awareness Theatre Program** or its affiliates, and hereby, for the Student and for myself and our heirs, executors, administrators, successors and assigns, do release and discharge the **Awareness Theatre Program** and each of their affiliates, officers, directors, employees, volunteers, predecessors, successors, representatives and assign (collectively **Awareness Theatre Program**), from any and all claims, actions, and liabilities arising from or relating to with travel to or participation in activities, programs or functions sponsored by **Awareness Theatre Program** or its affiliates, (2) grant permission for video-graphic, photographic or audio recording of the Student's participation in activities, programs or functions sponsored by **Awareness Theatre Program** or its affiliates, and for the use of such recordings by or with the consent of **Awareness Theatre Program** for promotional and educational purposes .

Parent Signature _____ Date _____

Student Signature _____ Date _____

Awareness Theatre Director:

South County (Jamestown) Sheridan Smith, 716-397-9326, sheridan.a.smith@gmail.com & Angela Heath, 716-640-9042, theladythora@gmail.com

North County (Dunkirk) Marjorie Bohn, marjoriebohn@gmail.com