

# LaGrange Piano Drama Club Consent Form

I grant permission for my child or children \_\_\_\_\_ to participate in the LaGrange Piano Drama Club.

I understand that in order to participate in this program, my child must abide by the rules established by the camp staff. The LaGrange Piano, LLC reserves the right to dismiss a child from Drama Club due to that child's disruptive behavior including, but not limited to, verbal or physical aggression, failure to follow safety or program instructions, or other disruptive behavior. Dismissal will be at the discretion of the Drama Club Director. **If a child is dismissed, there will be no refund.**

I understand and agree that I assume all risks associated with the Drama Club activities. I grant permission for my child to participate in the scheduled activities for Drama Club.

I grant my permission for my child to be photographed for publicity purposes. I understand that these photographs may appear in the newspaper or future publications.

If an illness, accident or injury occurs which requires immediate medical attention; I give my consent for my child to obtain emergency treatment. I further consent to the signing of any releases by program staff which may be required by the medical provider. I understand that in the event of a medical emergency, I will be notified as quickly as possible. I also understand that any medical expense is my responsibility.

I give my permission for my child to participate and release the LaGrange Piano, LLC and their staff from all liability, claims, rights and causes of action for any damages arising from my child's participation in the Drama Club.

I understand that LaGrange Piano, LLC is not responsible for any potential exposure to Novel Coronavirus, or COVID-19 that results from participation in Drama Club.

I understand that my child will be required to wash their hands and use hand sanitizer after eating, coughing, sneezing, and using the restroom.

I have received a copy of this document and certify that I am at least 18 years of age and have read the above carefully before signing.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## OFFICE USE ONLY

\_\_\_\_\_  
Date received in office

\_\_\_\_\_  
Received By