



## Parental/Guardian Release and Information Form

This form must be completed in FULL, including signatures of parents/guardians. Separate forms are needed for each applicant. Incomplete applications will not be reviewed. Please Print and Sign in blue or black ink and return to TheatreWorks Florida.

### General and Contact Information Student Information:

Name of the Applicant: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Student Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_

Student Home Address: \_\_\_\_\_

### Parent/Guardian Information:

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Home Address: \_\_\_\_\_

### Emergency Information

Emergency Contact Name #1: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Name #2: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Medical information TheatreWorks Florida should be aware: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Parental/Guardian Release

I hereby:

1. Give permission to the above named student to attend and participate with TheatreWorks Florida as a Volunteer.
2. Give permission to the staff to provide medical information to emergency services/911 in case of an emergency.
3. Give permission for my child to participate in the specified activities related to volunteering. I understand that my child will donate time and services without any compensation and shall at no time be considered an employee of TheatreWorks Florida, and TheatreWorks Florida will not provide insurance coverage for my child.
4. I assume all risks of my child participating in this volunteer activity and full responsibility for my child's conduct and actions, including any injury to my child or others or damage to property that may result while volunteering.
5. I, binding my heirs, executors, administrators, hereby agree to release, hold harmless and indemnify TheatreWorks Florida, its officers, officials, employees, agents and volunteers from and against any and all loss, damage, expense or cost (including attorneys fees) of any kind for injuries (including property damage, personal injury, disability and death) arising out of this volunteer activity, whether caused by the negligence of TheatreWorks Florida or otherwise.
6. I understand that my child may be photographed, and that these photographs may be included in publications, websites, social media of TheatreWorks Florida.
7. Certify that I am the child's parent or legal guardian. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above Parental Guardian Release and Information. I understand the contents of this Parental Guardian Release and Information, assent to its terms and conditions, and sign it of my own free act.

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Completed signed form can be sent via email to: [abel@theatreworksfl.org](mailto:abel@theatreworksfl.org)  
Or Mailed to: 8 East Cypress St | Davenport, FL 33837.