
Providing Excellence in Musical Theatre Training and Performance

LIABILITY RELEASE FORM AND ASSUMPTION OF RISK

Student Name: _____ **Birthdate:** _____
(print)

Student Signature: _____ **Date:** _____
(If over 18)

Parent/Guardian Name: _____ **Phone:** _____
(Print)

Please read, sign and return to CSOPA at registration or before your first class.

I/We realize that participation in theatre classes and activities could result in some possible personal injury. Despite precautions being taken by the studio, accidents and injuries may occur. By signing this release form, I/we (the student or parent/guardian) assume all risks related to the use of any and all spaces used by CSOPA.

I/we agree to release from responsibility the Chilliwack School of Performing Arts including all teachers, dancers, staff members, board members and facilities used by CSOPA from any cause or action, claims, or demands now and in the future. I/we will not hold CSOPA liable for any personal injury including: scrapes, bruises, cuts, sprains, fractures, broken bones, concussions or death or any personal property damage/loss, which may occur on the premises before, during or after classes.

Initial _____

Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by CSOPA.

Initial _____

I/we understand that CSOPA is an insured organization. In the event that I/we should observe any unsafe conduct or conditions before, during or after my/our classes, I/we agree to report the unsafe conduct or conditions to AnneLise Woyke, Managing Director; Lisa Braun, Artistic Director, instructors or board members as soon as possible.

Initial _____

PHOTOGRAPHY / VIDEO – I give permission for my child's photographs/videos to be used for publicity and advertising in the studio, on the CSOPA website, and in the community for publicity.

Initial _____

I confirm that I have updated my child's registration information and have ensured that all relevant medical information as well as emergency contact information has been given to CSOPA on the parent portal.

Initial _____

ATTENDANCE & PUNCTUALITY: A strong commitment to attendance is required in all classes. Students are expected to be on time for class so that they will be able to participate in the necessary warm-up and do not disrupt the other students. At the discretion of the instructor, students who arrive 10 or more minutes late may have to sit out and observe the class. Students who are late or absent from class frequently may be required to meet with the Artistic Director, and depending on the circumstances, students may be asked to leave the program with no refund of fees. **Attendance and punctuality will be taken into account when deciding performance opportunities.**

COMMUNICATION: All communication for CSOPA is done via e-mail. Parents must commit to checking their e-mail regularly.

MEDICAL TREATMENT: In the event of an emergency, I authorize CSOPA and its staff members and contractors, to use reasonable discretion in rendering first aid and/or arranging for emergency medical care (including hospitalization) at the expense of the undersigned.

STUDENT COMMITMENT: It is expected that students will commit fully to their class, through attendance and daily run through at home. The classes are progressive and success depends on weekly development and assessment.

Commitment will be taken into account when deciding performance opportunities. Students who register for year-long classes are expected to remain in their programs until classes finish in May.

NAME OF STUDENT: _____

NAME OF PARENT/GUARDIAN: _____

I have read, understood and consent to the above this _____ day of _____, 2019.

Signature of Parent/Guardian