



CAPA Waiver of Liability

I and/or my child, are participants in the Carolina Academy of Performing Arts (CAPA) and/or Carolina Academy of Performing Arts Theatre (CAPAT) programs to be administered by Melanie Prince, CAPAT, CAPA et al., (hereafter program(s)). As a condition to, and in consideration of, myself and/or my child(ren) participating:

Please Initial:

_____ (1) I give my permission to the programs and Melanie Prince, CAPA, CAPAT et al. to use, without compensation, photographs, film footage, or tape recordings that may include mine or my child's image and/or voice for purposes of promoting or reviewing Melanie Prince and CAPA programs.

_____ (2) In placing myself and my child(ren) in the program, I fully understand and agree to hold Melanie Prince, CAPA, CAPAT, Hope Church, all employees, volunteers, its instructors, and administrators free from any liability, costs and/or claims arising from any injury or illness suffered by participation in the program including loss of fees.

_____ (3) I certify that I and my child(ren) are physically healthy and able to participate in the program and I will supervise/manage applicable medical history and dietary needs concerning myself or my child, including but not limited to responsibilities related to allergy, illness, medications, and/or physicians previously having rendered medical attention to, and/or physicians authorized to render medical attention to, myself or my child. Should my child(ren) or I need medical attention, and I am not able to make decisions, or If I cannot be reached, I give my permission for my child(ren) and myself to be treated by a competent physician and to receive emergency medical treatment.

SIGNATURE OF PARENT/ LEGAL GUARDIAN (Sign and Date)

Parent/Legal Guardian Phone Number

PARTICIPANTS NAME(s) PRINTED
