

BAY STREET SATURDAYS

MEET WILLY SHAKES!

Saturdays-September 14th- October 19th, 2019

11:15-12:45pm

\$300.00 per student

PARTICIPANT'S NAME: _____ AGE _____ (optional)

NAME _____

PHONE H _____

W _____

C _____

EMAIL ADDRESS _____

At which number shall we reach you in case of emergency?

Please return forms with payment to:

BAY STREET THEATER
P.O. Box 810
Sag Harbor, NY 11963

or fill in credit card info here:

Type of credit card: _____

CC#: _____

Security Code: _____

Exp. date: _____

MAILING ADDRESS:

BILLING ADDRESS:

EXPERIENCE: Please tell us about your previous experience, if any, in the theatre arts (dance, voice, acting, etc.):

Are there any particular areas that you would like to learn more about? Likes? Dislikes?

Is there anything you'd like for us to know about you as it pertains to performance or the theatre arts or any other issues of which we should be made aware?

AGREEMENT, RELEASE FROM LIABILITY, WAIVER OF CLAIMS & ASSUMPTION OF RISK

I agree to pay all participation fees. I, on behalf of myself, my heirs, executors, agents, assigns, and representatives, hereby indemnify, release and forever hold harmless Bay Street Theatre Festival Inc., a not-for-profit corporation, as well as its directors, employees and instructors, from any and all claims of liability arising from any accident, personal injury, death, or property loss or damage sustained by my child/myself/the minor child for whom I am a legal guardian, while that person is participating in activities connected with Bay Street Theatre Festival Inc., including classes, rehearsals, performances, or other activities. I understand that dance activities have inherent risks of injury, and, being fully aware of all risk, I consent to have my child/myself/the minor child for whom I am a legal guardian, participate in the programs and activities offered by Bay Street Theatre Festival Inc. and I accept full responsibility for providing adequate health

and accident insurance coverage for the protection of all of the following who participate in these programs/activities: my child/myself/the minor child for whom I am a legal guardian.

By signing this statement, I declare that the aforesaid participant is in good health, with no physical conditions that might prevent his/her/my participation in strenuous and rigorous dance activities and other training and performance connected with musical theater. Further I understand and acknowledge that because of the physical nature of theater, there may be physical contact between directors, employees, staff, company members, instructors and students during rehearsals, shows, workshops, productions, and especially during vocal, dance or acting instruction. I understand that at times for proper instruction and safety, physical contact is required and necessary.

I have carefully read this Agreement, Waiver, Release, & Assumption of Risk and fully understand its contents. I understand that this is an assumption of risk and release of liability, and I sign it of my own free will.

I also authorize Bay Street Theatre Festival Inc. to use photos and videos of me for promotional purposes. If I am signing this in my capacity as the legal guardian of a minor child, I authorize Bay Street Theatre Festival Inc. to use photos and videos of the minor child for promotional purposes.

Date: _____

Signature: _____

Print Your Name: _____