



A SENSE OF DIRECTION

THE DIRECTING PROCESS FOR
YOUNG THEATRE MAKERS

Registration/Permission Letter/Hold Harmless Agreement

I give permission for my son/daughter _____ to participate in "A Sense of Direction" Workshops at The Palace in Stamford. I will hold harmless the Palace Theatre and its employees from and against all claims, damages, losses and expenses, including attorney's fees arising out of and resulting from any injury/accident while participating in this education program. Photographs will be taken and used for publicity purposes only. Parents / participant should consider any medical or emotional condition of the participant, which raise concerns about the participant's involvement in this program.

Signature of Parent/Guardian: _____ Dated: _____

Home Address: _____

City: _____ ST: _____ Zip: _____ Email: _____

Work #: _____ Cell #: _____ Child's Age: _____

Current Grade: _____ School: _____

MEDICAL AUTHORIZATION: I hereby authorize the employees of The Palace to seek emergency medical treatment for the participant named above in the event that a parent or legal guardian cannot be reached at the above telephone numbers at the time of an emergency.

NAME OF PERSON/S DROPPING OFF AND PICKING UP AT THE PALACE THEATRE:

Name	Home Phone	Work Phone	Cell Phone	Relationship to Child
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EMERGENCY CONTACT/S IF PARENTS CANNOT BE REACHED:

Name	Home Phone	Work Phone	Cell Phone	Relationship to Child
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