



Salem Community Theatre & Cultural Center, Inc.

Summer 2022 Application Form ♦ Missoula Children's Theatre

Child's Name: _____ Grade entering this Fall: _____

Address: _____

Phone: _____ Email: _____

Parent/Guardian to Contact: _____

Emergency Contact Person: _____

PERMISSION FORM

Please complete the following permission form in order for your child to participate in the summer drama camp.

My child, _____, has permission to attend the audition at 10:00 AM on Monday, June 20, 2022, for The Little Mermaid at the Salem Community Theatre and Cultural Center. I understand that my child MAY need to attend rehearsals from 10:00 AM to 2:30 PM on Monday through Friday, June 20, through June 24, 2022. He/she/they will also need to be available for the dress rehearsal and performances on Saturday, June 25, 2022. I understand that students will not be excused from rehearsals or performances for practices, appointments, etc., but must keep the week completely free for this residency. Tuition for the week of camp is \$50.00 (children in first grade \$35.00). Checks should be made payable to Salem Community Theatre and Cultural Center. Electronic payments may be made at the Theatre Office during regular office hours.

Students need to bring a sack lunch on the day of auditions and rehearsals.

Parent/Guardian Signature: _____

WAIVER FORM

Please sign the following waiver form in order for your child to participate in the summer drama camp.

THE MINOR'S PARENT AND/OR LEGAL GUARDIAN UNDERSTANDS THE NATURE OF THE MISSOULA CHILDREN'S THEATRE SUMMER ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO THE PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE SALEM COMMUNITY THEATRE AND CULTURAL CENTER, INC. FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE MEMBERS OF THE SALEM COMMUNITY THEATRE AND CULTURAL CENTER, INC. OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE SALEM COMMUNITY THEATRE AND CULTURAL CENTER, INC., I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Printed Name of Parent/Guardian: _____

Address: _____

Phone: _____ Email: _____

Parent/Guardian Signature (only if participant is under the age of 18):

_____ Date: _____