

# PLANTHEATRECOMPANY

## 2018-19 CONSENT AND ACKNOWLEDGEMENT OF RISK

The following shall be acknowledged by the Parent/Guardian and Student where indicated and shall remain on file with the Director of Theatre for the school year 2018-2019, including the summer before/after the school year.

Student's Name (please print): \_\_\_\_\_

Signature of Student (please sign): \_\_\_\_\_

### PARENT/GUARDIAN PORTION

**Please initial beside each item:**

\_\_\_\_\_ I/We hereby grant permission for the above-named student to participate in all Plant Theatre Company activities and trips during the school year 2018-2019, including the summers before and after the scheduled school year. These trips or activities include, but are not limited to: camps, workshops, Master Classes, Individual Events, School Productions, One-Act Festivals, theatre trips, the State Thespian Festival and other troupe-sponsored activities/events.

\_\_\_\_\_ I/We hereby grant permission to publish, reproduce and publicly display or use the Participant's name, voice or likeness for any purposes connected with promoting the purposes and goals of the Plant Theatre Company.

\_\_\_\_\_ I/We understand the method of transportation for any events mentioned above will be for my student to be driven by me, a parent, or another parent and guardian, NOT by another student.

\_\_\_\_\_ I/We attest and affirm that the participant has no limitation that should prevent participation in the activity and I/We have not been advised or informed by anyone to the contrary. If there is any condition that may limit participation in any theatre activity, please describe on the medical information form.

\_\_\_\_\_ I/We further agree to inform the appropriate school official(s) should my/our child's physical condition change in any way and any time so as to affect his/her participation in the activity herein named.

\_\_\_\_\_ I/We understand that all necessary precautions will be taken by the teacher, school, and the School Board of Hillsborough County for the welfare of my child, and I will not hold those parties responsible in case of injury to my child.

#### AUTOMOBILE INFORMATION (HCSB Form SB605)

Parent/Guardian 1:

Year, Make and Model of Automobile

Name of Auto Insurance Company

Parent/Guardian 2 (if applicable)

Year, Make and Model of Automobile

Name of Auto Insurance Company

#### SDHC Indemnification Agreement

In consideration of the mutual promises herein contained and other good and valuable consideration, the undersigned, in return for Hillsborough County Public Schools allowing the undersigned to transport students on various theatre-related events during the school year, hereby agrees by this document and confirms that he/she carries liability insurance in the minimal amount of \$100,000/\$300,000 with company.

Further, the undersigned agrees to indemnify and hold harmless Hillsborough County Public Schools and any representative of the Plant Theatre Company against all liability or loss, claims, causes of actions, and damages that the School Board of Hillsborough County may sustain as a result of claims, demands, costs or judgements arising from the use of the undersigned/s vehicle in transporting students on said events.

\_\_\_\_\_  
Signature of Father/Guardian (if applicable)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Mother/Guardian (if applicable)

Date: \_\_\_\_\_