

STUDENT/FAMILY AGREEMENT AND WAIVER OF LIABILITY SUMMER CAMPS & EVENTS, 2024

Please complete one form per child.

THIS AGREEMENT AND WAIVER APPLIES TO THE 2024 BELTONIAN THEATRE SUMMER FILM CAMP FROM July 8 – July 12.

STUDENT LEGAL NAME:	GOES BY:	STUDENT AGE AS OF July 8, 2024:
STUDENT T-SHIRT SIZE:	DENT T-SHIRT SIZE:CHOOSE 1 STUDENT FOUNTAIN DRINK CHOICE:	
PARENT/LEGAL GUARDIAN PHYSICAL	L MAILING ADDRESS:	
MOM E-MAIL ADDRESS:	DAD E-MAIL ADDRESS:	
FRIDAY NIGHT RSVP COUNT:	(Times will be assigned by mid-week either 6p 0r 8:30p!)	YEARS AS A CAMPER:
These protocols will be extended to apply to th	ONSE: The Beltonian Theatre has adopted safety protocols to protect the outside facilities where some of our summer camps will take place, so cough, nausea, allergies, etc.) is asked to return (or stay at) home. Pleat	uch as filming locations around downtown Belton throughout
 Any person, staff, or student, who to permitted to return to the camp. If practicable. Parents may choose of 	S: The Beltonian Theatre will observe the following: ests positive for COVID-19 should immediately notify the Owner, Zecha a student or staff member of our camp tests positive for COVID-19, The either to pick up their student, or to let the student remain and trust the every day for their safety. I know walking to the door is a drag with park	e Beltonian Theatre will notify all families as soon as camp to take appropriate safeguards.
ACKNOWLEDGMENT AND AGREEMEN agree to abide by them, including leaving the c	NT TO ENHANCED HEALTH CARE PROTOCOLS: We have real camp or event if asked to do so.	d it and the enhanced health care protocols above, and
extent of the possible ramifications of group ac directors, officers, employees, event staff, and	at these events have inherent dangers, both health dangers and others, ctivities at this time in relation to the continued presence of COVID-19 in volunteers from any liability whatsoever resulting from any injury, illnes arent, I take full responsibility for my child's activities.	our community. I hereby release The Beltonian Theatre, it
AUTHORIZATION FOR EMERGENCY M for my child if they deem it necessary. I retain	IEDICAL CARE: I grant the Beltonian Theatre staff and directors the an full responsibility for the payment for any such emergency care.	authority to obtain and consent to emergency medical care
MEDIA RELEASE: I give my permission for The Beltonian Theatre social media pages, new	my child's name and/or photo to be used in relation to this summer can wspaper/radio/television/magazine stories, etc.	np or event in media such as The Beltonian Theatre website
PARENT STATEMENT: I have read, u	understand, and agree to all statements made on this release	e.
PARENT/GUARDIAN SIGNATURE		ne # DAD Emergency Phone #