

PELHAM PARKS AND RECREATION

6 Village Green, Pelham, NH 03076

Phone: 603-635-2721

Email: theatre@pelhamweb.com

Fax: 603-508-3094

Pelham Community Theatre

Teen Theatre - Little Shop of Horrors

Ages 13-18

Participant Release Form - \$149.00 Per Participant
Auditions will be on first day of theatre, March 13, 2020

Participant Name _____ Age: _____ DOB: _____

Address _____ Town _____ State _____

Parent Name: _____ Parent cell phone: _____

Parent Email address: _____ Home phone: _____

This program is held on Wednesdays and Fridays from 4:30pm-6:30pm beginning on March 13, 2020 and runs into July with performances as noted below. Performances will be held at the Sherburne Hall in Pelham Town Hall in October. The Directors must approve absences prior to the first day of rehearsal. All participants will be cast in the show. *Space is limited; first come/first served.* 15 spots available. Payment must accompany registration for a spot.

*** All participants must be available for every performance, NO exceptions.
Performance dates will be Fri/Sat, July 17/18, 2020 at 7 pm and Sunday, July 19, 2020 at 2:00pm ***

Pelham Community Theatre is committed to providing high quality experiences for children and teens in a safe and supportive environment as they explore the wonderful world of theatre. Our programs are designed to boost literacy, foster creativity, build character, develop discipline, encourage empathy, cultivate curiosity, inspire imagination, and increase self-confidence; all while making friends for life. We emphasize the importance of community awareness, teamwork, and communication skills. Through a variety of exercises, games, and rehearsals, our participants are developing life skills in a fun and encouraging atmosphere through their involvement in the arts.

This program may pose limited risks to the participants. These risks may include but are not limited to bumps, bruises, cuts, abrasions, broken bones, concussions, heart attacks and even death. We advise that all those participating be in good physical condition. Any limitations regarding physical capabilities should be made known to the Pelham Parks and Recreation Department. Participants should wear comfortable clothing and shoes for on and off stage. No prior knowledge or skills are required to take part in this program.

**** Please list any physical or other condition, medications the participant is taking, dietary restrictions, allergies, or other information which may be necessary and helpful to insure participants' health and safety:**

I have read and understand the information provided above. I have noted any physical or medical conditions the participant has which might affect his/her participation. He/she meets the standards required for participation and will have the necessary equipment, if needed, which will be in good working condition. I assume all the risks normally incidental to the nature of this activity, including risks which are not specifically foreseeable. I will follow the rules and regulations provided by the activity leaders/directors/supervisors.

I, the undersigned, hereby agree to release, indemnify, save and hold harmless the Town of Pelham, the Parks and Recreation Dept, its employees, agents, representatives, directors, volunteers, from any and all liability, actions, causes of actions, debts, claims or demands of any kind for property damage or personal injury resulting from failure to obey safety regulations and directions of the activity leader or resulting from the exercise of judgment by the leader in good faith response to emergencies and exigencies which occur during the activity; provided, however, that nothing contained herein shall excuse any of the leaders to act with reasonable care for the safety of the participant during the course of the activity appropriate to the circumstance. You have my permission to have a physician attend to me, if it is deemed necessary, during my participation in the above activity. I understand that participation in rehearsals and performances will be videotaped and photographed for the website and other promotional materials and give my permission.

Executed this _____ day of _____, 20_____.
Signature of parent/guardian _____

In case of emergency and the parents/guardians cannot be reached, please contact:

Name: _____ Relation: _____ Telephone: _____