

PELHAM PARKS AND RECREATION

6 Village Green, Pelham, NH 03076 Phone: 635-2721 Fax: 508-3094 Email: [Recreation@pelhamweb.com](mailto:Recreation@pelhamweb.com)

**SUMMER STOCK 2015 THEATER**

Starting July 6, 2015 at Sherburne Hall

Participant Release Form

Participant Name \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Parent cell phone: \_\_\_\_\_  
Email address (optional): \_\_\_\_\_ Home phone: \_\_\_\_\_

This is a recreation level program where participants will develop their talents in the theatre arts. **The Pelham Community Children’s Theatre runs Monday to Friday, 9 am to 11 am, the week of July 6-10, 2015. Space is limited; first come/first served. A production will be performed on Friday, noon to 1 pm.**

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 that could be permanently stained. No prior knowledge or skills are required in order to take part in this program. Children will rehearse and plan for their production. Build self-esteem and confidence in all public speaking situations. They will learn all there is to know about backstage and on stage!

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 effect 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 of 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/coaches/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, coaches, 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. Participation may be videotaped or photographed for the website.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
Signature of parent

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

Name: \_\_\_\_\_ Relation \_\_\_\_\_

Town/City/State \_\_\_\_\_ Telephone \_\_\_\_\_

Payment received: \_\_\_\_\_  
Check No. \_\_\_\_\_

Payable to Town of Pelham: \$150.00  
Classes and productions directed by Laura Smith.

Paid with MC VISA