

# Participation Agreement and Accident Waiver and Release of Liability Form

***\*Please print, sign, and return to [office@cbmountaintheatre.org](mailto:office@cbmountaintheatre.org). Please use the blank page for more information regarding special accommodations for children with disabilities and limitations.***

I hereby give my permission for my child, \_\_\_\_\_, to participate in Crested Butte Mountain Theatre (here after CBMT) Youtheatre Summer Camp. I recognize that theatrical activities involve some physical risk. In consideration of my permitting my child to participate, I agree to indemnify and hold CBMT, its board of directors, officers, producers and contractors free and harmless from any and all claims, losses, damages, recoveries, settlements and expenses of any nature or kind which may be incurred by participation in CBMT's Youtheatre Summer Camp. I hereby assume, on behalf of my son/daughter, all of the risks of participation in CBMT's Youtheatre Summer Camp.

I hereby certify that I have disclosed any and all health-related reasons or problems that may preclude or limit my child's participation in this workshop. This includes (but is not limited to) disclosure of any allergies, neurological disorders, physical and/or psychological limitations.

I hereby give CBMT permission to seek medical attention for my child that may become necessary as a result of injury, accident and/or illness. I have provided emergency contact information in the application for the CBMT Youtheatre Summer Camp.

I give permission for photographs/videos to be taken of my child during classes, rehearsals and performances, and for those photos or videos to be used by CBMT for promotional purposes, including posting on the CBMT website. (<https://www.cbmountaintheatre.org/>)

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Signature of Parent/Guardian

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Date

