



RUNNING to PLACES THEATRE COMPANY

Community through Artistry

2017 SEASON

Company Member Name (Please Print): _____

Parent/Guardian Name(s): _____

STUDENT IMAGE AND NAME MEDIA RELEASE WAIVER (Required)

_____ (Parent/Guardian Initial) I give permission for my child's image or photographic representation (in any medium) and name to be used for publicity for Running to Places Theatre Company. This permission applies to, but is not necessarily limited to, images on the official website, posters to publicize performances, and media features or articles which include photographs and/or video of students and the production. I understand that these representations may be anonymous or the student(s) portrayed may be identified. I also give permission to release such representations to news agencies in any form and including the release of my child's name as a member of this company. This waiver also applies to any mode of photography or representation used at any event associated with my/my child's participation with Running to Places for one year, commencing on date indicated below.

R2P CONDUCT PLEDGE (Required)

_____ (Company Member Initial) As a Running to Places company member, I agree to conduct myself as a responsible citizen at all Running to Places activities including rehearsals, work calls, performances or special events. This includes but is not limited to refraining from using non-prescribed drugs or alcohol prior to or during R2P activities, adhering to all local, state and federal laws, refraining from any discrimination of others based upon race, religion, culture, sexual orientation or identity, or other personal qualities, and refraining from any behavior which threatens or risks injury to others including sexual harassment. In summary, I endeavor to conduct myself as a responsible, respectful member of Running to Places Theatre Company, as well as our larger community, and to expect the same behavior from those around me. I understand that my participation in Running to Places is dependent on adhering to this conduct pledge, so that we can operate as a company in a safe, positive environment.

MEDICAL INFORMATION RELEASE, PERMISSION TO TREAT & ACKNOWLEDGEMENT OF RISK

I, _____ give permission for (my child) _____'s medical information as provided when signing up for auditions and submitted during the 2015 season, to be shared with production personnel as relates to their well-being and safety. This may include but is not limited to stage managers, costumes designers and their assistants, run crew personnel, directors and their assistants, and any medical personnel who may need to attend to them during their activities with Running to Places Theatre Company. I also grant permission to administer basic first aid and seek medical treatment as the situation warrants. I also acknowledge that while being involved in theatre is relatively safe and that R2P promotes high safety standards, there is a certain amount of risk involved and injuries may occur. I also acknowledge being notified that Running to Places Theatre Company does not provide health care coverage for its participants, and any medical treatment sought should be billed to the participant's responsible parties and not Running to Places Theatre Company.

WE AGREE TO THE ABOVE AS PRESENTED AND FILLED OUT:

Parent/Guardian Signature Date

Participant's Signature Date