



SUNNY D CHILDRENS THEATER
A division of Blue Ridge Community Theater

2591 EAST FIRST STREET BLUE RIDGE, GA 30513
706-632-9223 <blueridgecommunitytheater.com>

**BLUE RIDGE COMMUNITY THEATER, INC.
And it's SUNNY D CHILDREN'S THEATER d/b/a**

This form is required for all activities of Blue Ridge Community Theater, Inc. and its d/b/a Sunny D Children's Theater.

GENERAL LIABILITY RELEASE

By participating in the activities of the Blue Ridge Community Theater, Inc. and/or its dba Sunny Children's Theater. I acknowledge that there may be inherent or other risks involved. I agree to release: Blue Ridge Community Theater, Inc. and its d/b/a Sunny D Children's Theater, its Board of Directors, volunteers and/or the owners of the facility in which any activity that I and/or my child (children) are involved takes place, from all liability of damage and injury to myself or others. I, also, accept full liability for any loss or damage for all equipment property of the Blue Ridge Community Theater and its' dba Sunny D Children's Theater while it is in my control or possession.

PHOTO RELEASE

I grant permission to of BLUE RIDGE COMMUNITY THEATER, INC., SUNNY D CHILDREN'S THEATER d/b/a and/or its agents to use my photos for promotional purposes.

MEDICAL RELEASE

I, the undersigned do hereby give authorization to Blue Ridge Community Theater, Inc., its' representatives and agents the discretion for obtaining any emergency medical treatment that the representative/agent deems necessary for the person named below leading to, during or following any program or activity sponsored by the Blue Ridge Community Theater, Inc.

TRANSPORTATION RELEASE & LEAVING PREMISES

I, the undersigned do hereby give authorization to the representatives to transport my child as I direct and release Blue Ridge Community Theater, Inc. and its d/b/a Sunny D Children's Theater, its Board of Directors, volunteers and/or the owners of any vehicle in which my child is transported. In addition, I further give permission for my child to leave theater premises to secure snacks, etc. in the general vicinity.

ALLERGIES or other HEALTH ISSUES

Listed below are any health issues that BRCT needs to aware of:
(If health condition is of a personal nature, you may communicate it to the Director(s) verbally.)

PARTICIPANTS SIGNATURE: _____

PARTICIPANTS NAME (please print): _____

PARENT/GUARDIAN'S SIGNATURE (if participant is younger than 18):

PARENT/GUARDIAN'S NAME (please print): _____

DATE: _____