



Training to be provided:  Rigging  Lighting  Audio  Stage  
 Craft  Safety  Catwalk  Purple Pass  Usher/House  
 Stagehand  Other \_\_\_\_\_

OLYMPIA HIGH SCHOOL PERFORMING ARTS CENTER  
 STUDENT WAIVER AND RELEASE OF LIABILITY

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email (please print) \_\_\_\_\_

Emergency Contact Name and Phone \_\_\_\_\_

**RELEASE AND WAIVER:** The undersigned understands that participation in training or related theater activities with Olympia High School Performing Arts Center (PAC) and the Olympia School District or other educational programs at the Performing Arts Center may potentially expose students to activities and/or equipment which can lead to accidents and/or injuries. In consideration of Student's acceptance into PAC Educational and Training Opportunities, that the undersigned does hereby release, waive, discharge, indemnify, and hold harmless Olympia School District and its directors, officers, employees and agents, from and against any claim for damage, injury, loss or death to the above named student resulting from participation in any class, program, play or other activity either at Olympia High School PAC or at another location, including any damage, loss or injury resulting from failure to abide by the "Conditions of Participation." With a child's registration in classes or training, parent/guardian grants permission to take pictures and recordings of class/performances for publicity and promotional purposes (website, publications, etc.).

**HEALTH CARE AUTHORIZATION:** The undersigned hereby authorizes Olympia School District and its agents to perform any acts which may be necessary or proper to provide emergency health care of any student in the event that the Parent/Guardian cannot be reached, including consent to and authorization of medical procedures by physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their sole discretion, may deem necessary. The undersigned understands that (s) he is responsible for all costs and expense of such medical treatment.

**I HAVE READ THE ABOVE WAIVER AND RELEASE LIABILITY AND BY SIGNING, I AGREE THAT IT IS MY EXPRESS INTENT TO EXEMPT AND RELIEVE OLYMPIA SCHOOL DISTRICT AND ITS EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY OR WRONGFUL DEATH OTHER THAN CLAIMS THAT ARISE AS THE DIRECT RESULT OF NEGLIGENCE. I CERTIFY THAT I HAVE FULL AUTHORITY TO SIGN THIS RELEASE AND AUTHORIZATION.**

Parent/Guardian Signature

\_\_\_\_\_ DATE

OSD will keep this form on file throughout a student's enrollment in OSD Educational and Training Programs  
 Please notify the staff of any changes to the above information.