



**PERMISSION FORM FOR PARTICIPATION OF A MINOR**

*Please return in person on the first day of class or by mail to (Wharton Center attn: D. Boehmer, Michigan State University, East Lansing, MI, 48823); by fax (517-353-5329), or by email ([boehmer3@msu.edu](mailto:boehmer3@msu.edu)).*

I grant permission for \_\_\_\_\_ (student name) entering grade \_\_\_\_\_ to participate in the event described below:

**Event:** "Take It From The Top" Broadway Workshops  
 Five-Day Musical Theatre Workshop  
 Monday, August 13 - 17, 2012

**Location:** Grand Rapids Ballet Company, 341 Ellsworth SW, Grand Rapids, MI 49503

**CONTACT INFORMATION**

<b>Parent/Guardian Information:</b>	<b>Alternate Contact Information:</b>
Name of Parent or Guardian: _____	Name of Alternate Contact: _____
Address: _____	Address: _____
Mobile/Cell Phone: _____	Mobile/Cell Phone: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Relationship to Student: _____	Relationship to Student: _____

**MEDICAL INFORMATION & FOOD ALLERGIES**

Please list any medical conditions that may affect your child's participation, as well as any food allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFUNDS**

All reservations are final and nonrefundable. This form must be completed, signed and returned by **the first day of class** or you will not be allowed to participate in the workshop.



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Permission Form

**ASSUMPTION OF RISK AND RELEASE FOR LIABILITY**

Knowing that participation in the program entails some risks, and in consideration of my child being permitted to participate in the program, I agree to release Michigan State University and Wharton Center for Performing Arts from any and all costs, claims, injury or illness resulting from my child’s participation in the program.

I agree that neither Take It From The Top, nor any of its employees, independent contractors, directors and/or officers will be held liable for any injury which may occur to me or my child while attending the workshop. This includes, but is not limited to, any activities in which I/he/she may participate including classes in singing, acting, dancing, physical comedy, stage craft, theatrical mask work, warm-up exercises and/or breaks. I grant Wharton Center or Take It From The Top permission to contact emergency services and permit treatment should I/my child become injured and I am unable to provide direct authorization for services. I hereby release Wharton Center or Take It From The Top and their respective employees, independent contractors, directors and/or officers from any and all legal or financial claims.

**MEDIA RELEASE**

Participants are sometimes photographed and videotaped for use in Michigan State University (MSU) promotional and educational materials.

I authorize MSU to record the image and voice of the subject named below and give MSU and all persons or entities acting pursuant to MSU’s permission or authority, all rights to use of these recorded images and voice. I understand said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media. I also authorize the use of any printed material in connection therewith.

I understand and agree that these images and recordings may be duplicated, distributed with or without change, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

I grant Take It From The Top permission to take photographs, and/or make video or audio recordings of me/my child, and use them in connection with the promotion or publicity for Take It From The Top Broadway Workshops.

Print participant’s name:

\_\_\_\_\_

Signature of Parent/Guardian of minor participant:

\_\_\_\_\_

Date:

\_\_\_\_\_