



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).

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, July 30 – Friday, August 3, 2012

Location: Wharton Center – East Lansing, MI 48824

CONTACT INFORMATION

| | |
|-------------------------------------|---------------------------------------|
| Parent/Guardian Information: | Alternate Contact Information: |
| 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:
