

Camper's Name _____

Theatre Theatre Maui
2016 West Side Youth Summer Theatre Camp
Medical Liability - Media & Informational Release

Medical Release

In case of emergency, I authorize TTM or any of its instructors to obtain necessary emergency treatment from the physician or medical group listed below, or if none is indicated, to obtain whatever medical treatment is deemed necessary at my cost. I waive and release TTM, its staff and/or volunteers from any and all claims for liability sustained by me or my camper while participating in any TTM activity excluding damages due to gross negligence or lack of due care on the part of TTM.

Physician(s) Name _____ Phone _____

Medical Facility _____ Medical Insurance _____

Medical Information (allergies, special needs, medical issues) _____

Parent/Guardian Signature _____ Date _____

Media & Informational Release

I give TTM permission to use and publish for the purposes of advertising, public relations, social media, or other lawful use including but not limited to photographs, video or audio of my child as a result of participation in TTM's programs. Such remain property of TTM and without compensation to me. I also give TTM the right to utilize information I provide in any of its evaluation reports.

Parent/Guardian Signature _____ Date _____



Medical Liability - Media & Informational Release to be turned in with your camper's registration form. If you have more than one camper in our program, please submit releases for each camper.