CAST MEMBER’S NAME____________________________________________________________

I, on behalf of myself and any minor child for whom I have the capacity to contract, authorize the employees, agents, contractors, volunteers, and parents of South County Performing Arts (SCPA) and Ladera Performing Arts (LPA) as agent(s) to consent to any X-Rays, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and under the supervision of, any licensed physician. This authorization is given in advance of any specific diagnosis, treatment, or hospital care being required by its given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which aforementioned physician in the exercise of his or her best judgment may deem advisable. Authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

I hereby authorize any physician or hospital which has provided treatment to my minor child pursuant to the provisions of Section 25.8 of the California Civil Code to surrender physical custody of the minor to the above named agent(s) upon completion of treatment. This authorization shall remain effective until September 1, 2017.

If your child is currently taking any medication or is under a physician’s care, please check the appropriate box and explain:  
No ☐  Yes ☐
Explanation____________________________________________________________________________
________________________________________________________________________________________

If your child has any physical handicaps, challenges or limitations, please check the appropriate box and explain:  
No ☐  Yes ☐
Explanation____________________________________________________________________________
________________________________________________________________________________________

If your child has allergic reactions to any medications, food, please check the appropriate box and explain:  
No ☐  Yes ☐
Explanation____________________________________________________________________________
_______________________________________________________________________________________

Print Name of Parent/Legal Guardian_________________________________________________________

Signature of Parent/Legal Guardian Date

Emergency Phone Numbers Physicians Name and Number

Insurance Carrier and Policy number Group Number

Emergency Contact if Parent/Guardian Unavailable Relationship Ph: Number
(1) Promotional Release
I give permission to South County Performing Arts (SCPA), Ladera Performing Arts (LPA) & Ladera Ranch Education Foundation (LREF) to take photographs and video of me or my children while participating in SCPA/LPA/LREF activities for use in future SCPA/LPA/LREF publicity in any form or format and understand that I will not receive any compensation for, nor prior inspection or notice of, such use.

(2) Waiver of Liability, Assumption of Risk, and Indemnity Agreement
Waiver: In consideration of my child’s being permitted to participate in any way in South County Performing Arts (SCPA) and Ladera Performing Arts (LPA) activities, hereinafter “The Activity,” I, on behalf of myself and any minor children for whom I have the capacity to contract, and for my heirs, personal representatives and assigns, do hereby release, waive, discharge, and covenant not to sue SCPA, LPA, their officers, employees, and agents from liability from any and all claims including the negligence of SCPA, LPA, their officers, employees, and agents, resulting in personal injury, accidents, or illnesses (including death), and property loss arising from, but not limited to, child and/or parent or guardian participation in the Activity in any and all capacities.

(3) Assumption of Risks
Participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint, or back injuries, heart attacks, and concussions; to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand and appreciate these and other risks that are inherent to the Activity. I hereby assert that my child(ren)’s participation is voluntary and I, for myself and my minor children, knowingly assume all such risks.

(4) Indemnification and Hold Harmless
I also agree to Indemnify and hold SCPA, LPA, their officers, employees, and agents harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, brought as a result of child(ren) and/or parent or guardian involvement in the Activity and to reimburse them for any such expenses incurred, further this indemnification extends to cover any and all guests of cast member and family in all capacities.

(5) Severability
The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad an inclusive as is permitted by the law of the state of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue to full legal force and effect.

(6) Acknowledgement of Understanding
I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

(7) Refund Policy
No refunds will be issued after auditions:  (initial) __________

Name of Cast Member

Print Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian Date