



**Mosaic Youth Theatre of Detroit
Young Artist Waiver Form
2014-2015 Season**

Address

City, State, Zip Code

E-mail Address

Phone

Mobile Phone

Emergency Contact

Relationship to Young Artist

Emergency Contact Phone Number

Mosaic Youth Theatre of Detroit
2251 Antietam Ave . Detroit, MI . 48207
313-872-6910 · www.mosaicdetroit.org



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Young Artist Name: _____

Please initial after each statement to acknowledge that you have read and agree.

TRANSPORTATION

I give my permission for the above named child to participate with Mosaic Youth Theatre of Detroit for the 2014-2015 season. I am aware that this includes rehearsals and performances at Mosaic's home facility at 2251 Antietam, and other spaces including but not limited to the Detroit Institute of Arts and other locations within and outside of the Detroit metropolitan area. I am aware Mosaic Youth Theatre of Detroit is not responsible for rides to and from rehearsals. I give my permission for members of Mosaic Youth Theatre of Detroit staff and representatives to transport the above named child in private and/or rented vehicles, if in their discretion; it is necessary or desirable to do so. Further, I understand that Mosaic Youth Theatre of Detroit is not responsible for damage to, or loss of, the personal property of any of the participants. I also release and agree to hold harmless Mosaic Youth Theatre of Detroit, its officers, board members, staff, employees, agents and representatives, from all liability related to travel, rehearsal and performance including, but not limited to, personal bodily injury. _____ (initials)

MEDIA

I give my permission for the photographing, audio recording, videotaping, and/or the publication of an existing photograph, audio recording or video of the above named child by Mosaic Youth Theatre of Detroit in its educational, promotional or fundraising materials. I understand that there will be no remuneration or other consideration for the above name child's participation. I understand that the reproduction of the aforementioned, either in whole or in part, or alone or in conjunction with other photographs, sketches, art work, videotapes, audio recording and text matter, is to be used by Mosaic Youth Theatre of Detroit, its employees, agents, licensees and assignees now and at any time in the future for educational, informational, fundraising, and publicity purposes, and for radio and television broadcasting and distribution, advertising, trade promotion, or art purposes in publications and other advertising and promotional media, anywhere in the world, and I hereby consent to such use on behalf of the above named child. I

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hereby release Mosaic Youth Theatre of Detroit and its employees, agents, licensees and assignees from any and all claims arising out of such photographing, videotaping, recording, reproducing, broadcasting, publishing, or exhibiting or other use as is authorized by Mosaic Youth Theatre of Detroit or its affiliates. _____ (initials)

MEDICAL

Do you carry family medical/hospital insurance? If so, indicate:

Primary Policy Holder _____ Relationship to Young Artist _____
Insurance Company _____ Policy or group # _____

Does the young artist have any special dietary needs (ie, allergic to peanuts, celiac, etc.)? If so, please list

Does the young artist take any medications? _____

Please list ALL medications the young artist is currently taking. Provide medication name, strength, and number of times administered during the day.

Does the young artist have any allergies? If so, please list _____

I give my permission to Mosaic Youth Theatre of Detroit staff and representatives to secure emergency medical treatment for the above named child in the case of an emergency or suspected emergency while the child is in attendance of the Mosaic program. I also give permission to Mosaic Youth Theatre of Detroit staff and representatives to transport the above named participant to the nearest hospital in case of injury, suspected injury, emergency, or suspected emergency in a private vehicle, rented vehicle, or ambulance, whichever is deemed necessary while the child is in attendance of the Mosaic program. I further give my permission to the hospital attending physician to administer necessary emergency professional medical care to the above named participant upon his/her arrival at the hospital. I understand that health/accident insurance coverage is the responsibility of the parent/guardian. I absolve Mosaic Youth Theatre of Detroit and all of its representatives of any and all liability, financial and/or otherwise arising from the administration of any medical care to the above named child under



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the terms of this release. Mosaic Youth Theatre of Detroit is not responsible for payment of any medical expenses incurred during participation in Mosaic programs. _____ (initials)

My initials indicate that I have read and agree.

Signature of Parent/Guardian

Date

Name of Parent/Guardian (Printed)

Relationship to Young Artist