

**Broadway Experience Production  
Registration Form**

Cast Member Name _____	Home Phone _____
Adult's Name _____	Adult's Cell _____
Address _____	Cast Member Cell _____
City _____	State _____ Zip _____
Email Address _____	
Adult's Email Address _____	

**Medical Release:** I do hereby give permission for a certified emergency professional or health care professional to administer any type of medical treatment he/she deems necessary to the above child in case of an emergency and in the event that I cannot be contacted.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Hospital Name \_\_\_\_\_

Existing Medical Condition \_\_\_\_\_

**RELEASE OF LIABILITY & ASSUMPTION OF RISK**

I, \_\_\_\_\_ on behalf of myself: or \_\_\_\_\_ on behalf of my minor child, hereby waive in advance any and all actions or causes of action and claims for injury or property damage which I may have, or which may hereafter accrue to me, my heirs or other successors as a result of my participation in any activity, or activities incidental thereto, (hereinafter referred to as the "activity") sponsored by Broadway Experience in the attached registration form. This is intended to release and hold harmless Broadway Experience and its officials, officers, employees, contractors and agents.

I understand that I must be in good health prior to participating in the activity. I understand that serious accidents occasionally occur to participants during such an activity, transportation to or from such activity and during activities incidental to such an activity. Knowing these risks, I expressly assume those risks and agree that under no circumstances will I or any of my heirs or successors present any claim or action against Broadway Experience.

Participants permit the taking of photographs/videos of themselves and/or their minor children by Broadway Experience during activities to be used in Broadway Experience publications and/or websites.

I HAVE READ THE ABOVE AND ACKNOWLEDGE THAT I AM GIVING UP LEGAL RIGHTS BY SIGNING THIS AGREEMENT.

Signature Required \_\_\_\_\_ Date \_\_\_\_\_