



# Epping Community Theater Presents:

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## 1<sup>st</sup> Annual Musical Theater Youth Summer Camp

**Dates: August 20-24, 2018    Time: 8:30-12 noon daily**  
**Cost: \$135/wk**  
**Location: Epping Playhouse**  
**(Formerly the Leddy Center at 38 Ladd's Ln. in Epping)**

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address (For Program Notifications): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Important medical history we should know about: \_\_\_\_\_

PERMISSION FOR PHOTOGRAPHS

From time to time, the local news and the Recreation Department staff take photos of program participants in various activities which may be published. Please check your preference for the named participant regarding photographs.

Yes, I give permission for the above named participant to be photographed

No, I do not give permission for the above named participant to be photographed

**Release and Waiver of Liability and Indemnity Agreement**

In consideration of the permission granted to the participant named above to participate in the Epping Recreation Department program(s) I/we Shall Release Waive Discharge and Covenant Not To Sue the Town of Epping, Recreation Department, their agent and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant except in all case of gross or willful want on negligence of the Town of Epping, Recreation Department, its agents and employees or otherwise while the named participant, participates in the Epping Recreation Department programs(s).

I/we am aware that participation in this program may present a strain on my child's body, or its parts and therefore I represent to the Town of Epping, Recreation Department that to the best of my knowledge, my child is in a proper physical condition to allow her/him to participate and that I/we assume the risk of participating.

I/we understand that in case of injury or illness, I/we are required to be present at all times during this program to seek medical attention, as needed, for my/ our child.

I/we the parent/legal guardian, the undersigned, have read this release and understand all its terms. I/we execute it voluntary and with full knowledge of its significance. I/we have executed this release on this date indicated next to my/our names.

Parent/Guardian/Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Make Check Payable To: Town of Epping**