On Stage, Inc. Workshop Participation Form

has m	y permission to participate in On Stage's Workshop.
Actor's Name	
Actor's Name	Date of Birth
Guardian's Name (s)	
Guardian Email:	
Guardian Phone:	
Secondary Emergency Name:	
Secondary Emergency Phone:	
from all legal claims and liabilities which arise fro all reasonable safety precautions will be taken b	above. I also hereby release On Stage and directors om participation in these classes. I understand that by the instructors and that the possibility of an old the instructors or On Stage liable for damages,
Actor Signature	 Date
Parent/Guardian Signature	

On Stage, Inc. COVID-19 WAIVER & PHOTO RELEASE FORM

Location: On Stage Playhouse 215 High School Ave. Monroe, GA 30655
Subject: Youth Workshop COVID-19 Waiver & Permission to Use Photograph
COVID-19 Waiver I understand that by entering these premises, I waive all civil liability against this premises owner and operator for any injuries caused by the inherent risk associated with contracting COVID-19 at public gatherings, except for gross negligence, willful and wanton misconduct, reckless infliction of harm, or intentional infliction of harm, by the individual or entity of the premises.
Permission to Use Photograph I grant to On Stage, its representatives and employees the right to take photographs of me and my property in connection with the above identified subject. I authorize On Stage, it assigns and transferees to copyright, to use and publish the same in print and/or electronically.
I agree that On Stage may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.
I have read and understand the above:
Parent/Guardian Signature Date

*Approved by the On Stage Board of Directors, 2021.