

MUSICAL THEATRE WORKSHOP

Studio: 3817 Martinez Blvd. Augusta / Mailing Address: 312 Rabun Valley Lane, Martinez, GA 30907
Phone: 706-231-1759

Masters Week: Finding Nemo Themed Theatre Workshop for Actors age 7 – 12

Musical Theatre Workshops is not a daycare. Theatre workshops are an arts enrichment learning experience. Through instructional activities, lots of hard work and a little fun, actors will gain an increased knowledge of Musical Theatre.

Actor's Name: _____ DOB: _____ Current Age: _____

Parent/Guardian Name(s): _____

Active / Retired Military (Circle One): Yes No Relationship to Actor: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email is required as the primary source of communication from MTW:

Parent/Guardian Email _____

Emergency Contact: _____ Emergency Phone#: _____

Medical conditions we should know about (allergies, asthma, etc.)? _____

CLASSES	Tuition/Fees
Finding Nemo Masters Week Workshop (8:30 AM – 12:30 PM) 4/8/2019 -4/12/2019	\$ 150.00
Deposit Required to hold actor spot in workshop	\$ 50.00
TOTAL PAID TODAY (Deposit Required)- Can pay deposit or full amount today	

Deposit Required: A deposit of \$ 50 is required to register for this workshop. If registered online, any registration made without a deposit will be dropped after a 48-hour courtesy hold. To ensure your actor's spot, please go to Make Online Payment and select Other, then add either \$ 50 for the deposit or \$ 150 to pay for the camp in full.

Military Discount: 10% off Tuition Only. Military discount applies from date notified moving forward. We can not adjust past payments if military status was not previously communicated. If Military, please pay the deposit of \$ 50.00 or \$ 135.00 to pay for the camp in full. Please bring your military ID with this form to the first day of the workshop for verification.

Withdrawal / Refund Policy: Cancellations must be received **in writing** no later than 8:00 PM on Thursday April 4th in order to receive a refund. Please email: musicaltheatredirector@gmail.com by the cut off date if your actor can not attend.

Class begins promptly at 8:30 AM and ends at 12:30 PM. Actors may be dropped off (inside the studio) starting at 8:15 AM. Sign in and out is required! Actors should wear modest comfortable clothing they can dance in. Actors should bring their own water bottle(s) and a healthy snack as they will work up an appetite. Please label all belongings and leave valuables, including electronics, at home.

NO actor will be allowed to participate without a signed hard copy of this form

Participant Liability Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that by registering for and participating in this program, or by registering your minor children/ward for participation in this program, you will be waiving your rights and/or the rights of your minor children/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program and you will be required to indemnify, hold harmless and defend Mrs. Mickey Lubeck/MTW for any claims arising of the participation of _____ in any activity (hereafter referred to as "Program") sponsored by Musical Theatre Workshops for all classes held at the studio as well as at any venues that we shall be performing during the course of the year.

Risk of Injury: As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of personal injury involved with participation in the Program, and I agree to assume the full risk of injuries, damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities associated with this program.

Waiver of Injury Claims: I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program.

Release from Liability: I do hereby fully release and discharge Musical Theatre Workshops and its officers, agents and employees from any and all claims from injuries, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the Program.

Indemnity and Defense: I further agree to indemnify, hold harmless and defend Musical Theatre Workshops and its officers, agents and employees from any and all claims from injuries, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the Program.

Medical Emergencies: In the event of any emergency, I authorize Musical Theatre Workshops to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

PHOTO and VIDEO RELEASE:

You have my permission to use any theatre studio pictures or video of my child taken either during class time or during performances for the purposes of illustration, advertising, promotion, display, or publication, and for any other lawful purpose. I understand that I will not be paid for the use of my child's photos.

Photos may be used on Facebook or Youtube but no names will be released.

All actors are expected to participate in the spring musical production with their class. All families are expected to participate/volunteer a backstage/lobby duty and local festivals during the course of the workshop season.

Conduct:

All actors and parents are expected to respect other actors, parents, and instructors. If any disruptive behavior becomes problematic, the program director will dismiss the actor from their class(es) and no refund of tuition will be made. Parents are expected to never disrupt a class in session, unless a true medical or family emergency exists. Actors age 12 and under must be accompanied into and out of the studio by an adult. Actors must be picked up when their scheduled class ends as actors may not remain in the lobby unattended during the next scheduled class.

I have read and fully understand and agree to all conditions stated on the registration form and in the above stated Participant Liability Waiver and Hold Harmless Agreement.

Print name of Parent/Legal Guardian _____

Date: _____ Signature Parent or Legal Guardian _____