



Theatre Camp

JUNE 11–15, 2018

RELEASE AND WAIVER OF LIABILITY, INDEMNITY AGREEMENT AND HEALTH STATEMENT
(READ CAREFULLY BEFORE SIGNING)

IN CONSIDERATION OF ENROLLMENT IN THE CAMP I HEREBY RELEASE FROM ALL LIABILITY THE CROWN POINT COMMUNITY SCHOOL CORPORATION, ITS AGENTS AND EMPLOYEES AND THE CAMP, ITS DIRECTORS AND INSTRUCTORS FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF ANY INJURY OF THE PARTICIPANT(S) OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO PARTICIPATION IN THE PROGRAM(S) CAUSED OR ALLEGED TO BE CAUSED BY THE SOLE NEGLIGENCE OR THE CONCURRENT NEGLIGENCE OF CROWN POINT COMMUNITY SCHOOL CORPORATION, ITS AGENTS OR EMPLOYEES OR THE SOLE NEGLIGENCE OR CONCURRENT NEGLIGENCE OF THE CAMP INCLUDING ITS DIRECTORS OR INSTRUCTORS. I HEREBY REPRESENT THAT MY SON/DAUGHTER TO BE IN GOOD HEALTH AND I KNOW OF NO REASON HE/SHE CANNOT PARTICIPATE IN THE CAMP.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN PRINTED NAME

PLEASE COMPLETE, SIGN, AND RETURN THE WAIVER ALONG WITH YOUR PAYMENT TO:

KIT DEGENHART
CROWN POINT HIGH SCHOOL
1500 S. MAIN ST.
CROWN POINT, IN 46307

COST: \$65.00 PER PARTICIPANT
PLEASE MAKE CHECKS OUT TO **BULLDOG THEATRE BOOSTERS**

LIABILITY WAIVER AND PAYMENT — DUE JUNE 1ST