



LA JOLLA PLAYHOUSE POLICIES AND RELEASE FORM

Please read ALL PAGES of this form and sign on reverse indicating you have read and agree to the Hold Harmless Statement, Behavioral Policy, Photo Release, Medical Information & Accommodation and Emergency Treatment Authorization.

Your child cannot stay at La Jolla Playhouse without having submitted these signature pages.

Hold Harmless Statement

I agree that my child _____'s participation in activities associated with La Jolla Playhouse workshops (the activities) while on La Jolla Playhouse premises is voluntary and at the sole risk of the undersigned. In consideration for my child being permitted to access and utilize La Jolla Playhouse premises, facilities and equipment the undersigned agrees for themselves and their heirs and assigns to release and discharge La Jolla Playhouse, UC San Diego and their respective employees and contractors from any claim, demand, injury, cost, or liability, whether resulting from the negligence of La Jolla Playhouse and/or UC San Diego or otherwise arising out of or resulting from or incident to my child's participation in the activities or the use of the premises, or any of its equipment or facilities in connection with the activities. _____ (Initials)

Behavior Policy:

By participating in La Jolla Playhouse summer workshop, you agree to the terms of the Behavior Policy.

La Jolla Playhouse is committed to ensuring that all participants who attend YP@LJP programs are provided an atmosphere where they can learn together free of harassment or intimidation. Fun and safety are only possible when there are behavior guidelines that all participants agree to follow. You and your child are advised to inform any member of La Jolla Playhouse Education staff of any conduct that is offensive or that is in contradiction to La Jolla Playhouse's commitment to a harassment-free environment.

All participants are expected to show respect for lead teachers, teaching assistants, fellow students, Playhouse staff, guests and facilities. Disruptive or dangerous behaviors and physical aggression are not acceptable. Our teaching artists are professionals and they will use sound, positive management tools within their classes. If any participant does not respond to these measures, the participant will be escorted to the office for a time out. If the problem behavior persists, we will communicate with the parents or guardians and the participant may be removed from the program with no refund of program fees. _____ (Initials)

Photo Release

During the course of our programs, we may take pictures/video of participants which may be used for publicity purposes. By signing below, you authorize La Jolla Playhouse and its official representatives to use, without obligation, photos or motion pictures of your child(ren), and/or their work for any and all print and electronic marketing/publicity materials and the La Jolla Playhouse website. _____ (Initials)

Carpool and Safety Information

We encourage carpooling for your convenience and for the environment! If you carpool with friends, please communicate clearly to your child who will be picking him/her up each day. If there are custody questions or circumstances that we need to be aware of, please notify the education office in writing indicating the name(s) of the person(s) and relationship to the participant. Please list the names and contact information for any person who has your permission to pick your child up during the program:

NAME

PHONE NUMBER

LA JOLLA PLAYHOUSE POLICIES AND RELEASE FORM

Hold Harmless, Behavior Policy, Photo Release, and Confidential Medical/ Behavioral Information and Accommodation Form

Dear Parent/Guardian,

All children are welcome at La Jolla Playhouse (LJP) summer workshops. Please include any necessary medical or behavioral information that will help us provide a safe and fun learning environment for your child. This includes food and other allergies. This information will be used only as needed and solely by LJP. This is a confidential form.

This form must be completed & signed in order for your child to participate in YP@LJP program.

Name of Participant/ Your child: _____

Grade level of participant: _____ Age: _____

Group enrolled in: _____ School Attending: _____

Dates of participation: _____

Name of Parent/ Guardian (please print): _____

Phone number during program: _____

Alternate phone number during program: _____

EMERGENCY CONTACTS (if we cannot reach the parent/ guardian above):

NAME	PHONE # DURING PROGRAM	RELATIONSHIP TO PARTICIPANT
1.		
2.		

Emergency Treatment Authorization

I hereby authorize any licensed physician, emergency medical technician, paramedics, nurses, hospital or other medical or health care facility or provider ("Medical Provider") selected by the Playhouse to provide medical care to the participant for any injury and/or condition that occurs, manifests or arises at any workshop or program activities or related activities. I further authorize any Medical Provider to perform all procedures or services deemed medically advisable to treat or relieve, or to attempt to treat or relieve any illness, injury, and/or condition.

I acknowledge that there is a possibility of complications and unforeseen consequences in any medical treatment, and I knowingly and voluntarily agree to assume such risk for and on behalf of said minor. I acknowledge that no warranty is being made as to the result of medical treatment. I agree that the participant is capable of participating in program activities except as otherwise noted below.

In addition, I agree to the terms of the hold harmless, behavior policy and photo release on page 1.

Medical or behavioral information that will help us provide a safe and fun learning environment for Your child (if there are none that you are aware of, please indicate by writing NONE).

Signature of parent/guardian : _____ Date: _____