



Marblehead Little Theatre

12 School Street
Marblehead, MA 01945
Info@MLTLive.org
781.631.9697

EMERGENCY CONTACT INFORMATION & WAIVER

(valid for one year)

Actor's Name _____ Prefers to be called _____

Age: _____ DOB: _____ Grade: _____ School: _____

Address: _____ City/Town: _____ Zip: _____

Parent or Guardian Information

Name(s) _____

Cell # _____ Work# _____ Cell # _____ Work# _____

Email: _____ Email: _____

Home # _____ Home # _____

Emergency Contact Persons: *(Friend or relative, other than parent, who could come to take your child in case of illness or other emergency when we cannot reach you)*

Name: _____ Relationship to Child: _____

Home# _____ Cell# _____ Work# _____

Address: _____ City: _____ Zip: _____

Emergency Medical Conditions: *(allergies, medication etc.)*

Additional Information to help us to get to know your child (Intern). *(use back if you like)*

WAIVER

I understand that MLT is not responsible for illness or injuries affecting my child (child's name) _____, nor for his/her possessions, while participating in the Marblehead Little Theatre Programs; I release MLT from any such responsibility and waive any claims against MLT and its directors, trustees, officers, instructors, agents and volunteers in this regard.

You hereby give permission to Marblehead Little Theater to use (child's name) _____, portrait, video image or voice recording for the purpose of fundraising, advertising, and promoting MLT performances, the MLT organization, and MLT projects in general.

___ NO ___ YES ___ Yes (with these restrictions)

Parent's Signature: _____ Date: _____

Print Name: _____
(Parent's name)

Return this form before rehearsals start to: **MLT, 12 School Street, Marblehead, MA 01945**