



Connecticut Gilbert & Sullivan Society

P.O. Box 313, Middlefield, CT 06455

860-554-1256 | www.ctgands.org

CG&SS PARENTAL CONSENT FORM

I give permission for my (son/daughter) _____ to participate in the Connecticut Gilbert & Sullivan Society's (CG&SS) production of *THE PIRATES OF PENZANCE*.

I understand that such participation includes them attending rehearsals as well as performing in the show. I further understand that their participation may also include performing at special events, and appearing on radio or TV, in printed media, and on CG&SS's web site and social media sites. I give permission for photos, videos and voice recordings of my son/daughter to be used to help publicize and promote the group and the show. I understand that should they volunteer to help with production activities, participation might also include working with members of CG&SS's production team helping them setting up lighting and sound equipment, set construction and installation, props and costumes, and assisting stage management personnel.

In the event I cannot or choose not to provide transportation, I give permission for my child to ride with other members of the group who are traveling to the site of an event or rehearsal.

I agree to have my son/daughter keep with them their Health History and Insurance information so that, in the unlikely event that they need emergency medical attention and you are unable to reach me or their other emergency contact, this information can be made available to medical responders.

EMERGENCY CONTACT INFORMATION: *(please print clearly)*

Primary person to contact : _____ Relationship: _____

Phone - Home _____ Cell _____ Work _____ Employer: _____

Secondary person to contact : _____ Relationship: _____

Phone - Home _____ Cell _____ Work _____ Employer: _____

If my son/daughter is injured or otherwise appears to need immediate medical attention and you are unable to reach me or their other emergency contact I give permission for the Connecticut Gilbert & Sullivan Society to obtain medical treatment for them.

Pursuant to the above understandings and permissions, I agree to release, hold harmless and indemnify the Connecticut Gilbert & Sullivan Society and its representatives, volunteers, and sponsors from and against all liabilities, claims, actions, damages, expenses and losses arising from my child's participation in the show, and/or related to transportation provided to them by other members of the group.

Signature of Parent
or Legal Guardian _____ **Date** _____

please print your name and your relationship to minor