

Theatre Safety Agreement

To be granted the privilege of using the theatre facilities of the department, you are required to be familiar with, and to observe, the safety regulations governing their use. Violations of any safe working practices may cause the loss of privilege, or disciplinary action.

I _____ (print name) hereby acknowledge I have completed a beginners safety lesson for purposes of acquainting myself with proper and safe procedures when operating equipment in the department production areas and agree to abide by the safety rules of the Weatherford High School Theatre Scene Shops and Lighting Areas.

Signature

Date

Performance Space Waiver and Liability Release

Name of Student: _____

Date of Birth ____/____/____

Media Relations: I hereby grant permission to the employees of the Weatherford ISD to include pictures and/or video of my children taken during department activities in any future brochures or other publicity developed by the department. I understand that I will not receive compensation for the use of said media.

Acknowledgement of Risks: I, the undersigned, understand that working in the Weatherford High School Performance Areas involves physical activity that can result in serious injury or death. I further understand that while the Weatherford Theatre Staff may be trained in basic first aid and CPR, they are not medical professionals and are not trained to diagnose, monitor, or treat chronic or acute medical conditions, whether preexisting or caused by the work in the Performance Areas. I, ON BEHALF OF THE ABOVE-MENTIONED MINOR AND FOR MYSELF, HEREBY ASSUME THESE RISKS OF WORKING IN THE WEATHERFORD PERFORMANCE AREAS. There are many potential dangers involved with the day to day tasks that the student will be performing. The student will be trained and required to pass competency tests prior to being allowed to work in the Performance Areas. The work can contain but is not limited to:

- Use of power tools
- Climbing to heights that exceed 50 feet
- Use of strobe lights and fog machines
- Loud working environments
- Lifting objects weighting in excess of 40 pounds
- Rigging objects that are flown overhead
- Working with electricity for lighting/sound purposes

Medical Care: I, the parent/guardian of the above named minor, hereby approve his/her participation in work at Weatherford ISD Performance Areas. Further, I consent to emergency medical treatment for this minor should the need arise. I expect that the faculty will make an effort to contact me, time permitting before any treatment other than minor first aid is administered.

Release, Waiver of Liability: In return for allowing the Minor to participate, I on behalf of the Minor and for myself, hereby waive, release, and discharge any and all claims for damages for death, personal injury, disability or property damage of any kind which may hereafter accrue to the Minor or myself as a result of his/her work in the Performance Areas. This release is expressly intended to discharge in advance Weatherford Independent School District and its employees, staff, and volunteers from and against any and all liability arising out of or connected in any way with the Minor's work in the Performance Areas. By my signature below, I hereby certify that I am the parent or legal guardian of Minor and that I am acting in that capacity. I have read this document and understand its contents.

Printed Parent/Guardian Name

Signature of Parent/Guardian

Date