



Signed Policy Agreement for Summer 2021

Please sign and return to office (via email, mail, or in person) after registering for camps.

I, _____, have read the school policies, payment procedures, and conditions of the Act Too Players and hereby agree to the terms and conditions within. I have read the policies regarding health and safety with COVID-19. I have spoken with my child about proper behavior for this camp.

Parents/Legal Guardians please indicate your preference:

____ My child DOES need to wear a mask during camp. (Excluding snack and/or meal times)

____ My child DOES NOT need to wear a mask during camp.

If you do not require your child to wear a mask please initial to acknowledge and agree to the following:

____ I am fully and personally responsible for my child's safety and actions while and during participation and I recognize that my child may be at risk of contracting COVID-19.

____ With full knowledge of the risks involved, I hereby release, waive, discharge Act Too Players, Inc, its officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

____ I agree to indemnify, defend, and hold harmless the Organization from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

Student Name(s): _____

Parent or Guardian Name & Signature: _____

Date Signed: _____

Sondra Morton, Theatre Arts Director: _____

Date Signed: _____