



VOICE THEATRE

P.O. Box 353, Bearsville, NY, 12409
Cell: 917 494 6273 Box Office: 845 679 0154

Permission & Liability Waiver

My child, _____, has permission to fully participate in activities during the Spring of 2026 in Voice Theatre's THIS IS US-KINGSTON YOUTH!

I, as parent/legal guardian, do hereby grant Voice Theatre staff and designated adults the right to authorize emergency medical treatment for my child in the event that I or my designated representative cannot be reached. I agree to hold harmless Voice Theatre and its agents from liability resulting from an accident. The New York Good Samaritan Law will apply. I hereby grant permission for staff to take whatever steps may be necessary to obtain emergency treatment for my child.

These steps may include, but are not limited to, the following:

1. In a life-threatening emergency or urgent situation, staff will call 911 before making any attempt to contact parents.
2. For a non-life-threatening emergency, we will attempt to call the parent/guardian first, and if we cannot reach them, we will attempt to contact the Emergency contacts listed on the Parent Information Form.

If we cannot make an appropriate contact, we will call paramedics or the child's health care provider. I understand that Voice Theatre and its staff will not be responsible for anything that may happen as a result of false information provided by parents/guardians, or as a result of the parent/guardian's failure to provide information at the time of enrollment. I understand that staff will not administer drug or medication without specific written & signed instruction from the health care provider and/or the child's parent/ guardian.

I authorize Voice Theatre to use a photograph or other image of my child for public relations purposes connected to this summer camp program and future programs associated with Voice Theatre.

Signature Parent/Guardian _____

Date _____

Signature Parent/Guardian 2 _____

Date _____