



T360 Kids Night

Have you been to Theatre 360 before?

Yes ☐

No ☐

Which date will you be attending?

☐ Oct. 2: Hotel Transylvania; ages 6-12 (\$40/child)

☐ Oct. 30: Nightmare Before Christmas; ages 7-14 (\$40/child)

☐ Both dates (\$35/child)

Please list all your children's names and ages.

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Contact Info:

Parent's Name: _____

Email: _____

Phone: _____

In case of emergency, please list another adult and phone number:

PAYMENT:

Visa ☐

MasterCard ☐

Card#: _____

Exp.Date: _____

CVS: _____

Billing Zip Code: _____

Address: _____

Parental Consent & Release

We are the parents and/or legal guardians of _____ (hereafter to be referred to as "Participant"). We hereby consent to Participant's participation T360 Kids Night offered by Theatre 360 Performing Arts, Inc., dba Theatre 360 School ("Theatre 360 School"). In doing so, we acknowledge that we have read and agree to the following conditions for participating. (Theatre 360 School and Theatre 360 Productions will hereafter be referred to as Theatre 360.)

I recognize that there may be risks associated with classes, programs, and pursuits that may involve such activities as group games, acting, singing, and dancing. These risks include risk of injury and property damage. It is also understood that such conditions also relate to acts of nature. I also understand the risks to have direct or indirect contact with individuals who have been exposed to and/or diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies, and/or any mutation or variation thereof does exist and it is not possible to eliminate the risk that I, or the Participant, could become infected through contact with or close proximity to an individual with a communicable disease. **Being fully cognizant of the risks in participating in such classes and activities, I hereby fully and willingly assume those risks.** In consideration for the services provided by Theatre 360, I hereby enter into the legally binding Release set forth below:

I HEREBY EXPRESSLY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE NOT TO SUE OR SEEK INDEMNITY FROM THEATRE 360, ITS AGENTS, DIRECTORS, OFFICERS, STAFF AND EMPLOYEES FOR ANY AND ALL LIABILITY AND CLAIMS ARISING FROM LOSS, INJURY, ILLNESS OR HARM IN CONNECTION WITH ITS THEATRE ARTS CLASSES WHETHER THE RISKS ARE KNOWN OR UNKNOWN. I UNDERSTAND THAT THIS RELEASE COVERS LIABILITY, CLAIMS AND ACTIONS CAUSED ENTIRELY OR IN PART BY ACTS OR FAILURES TO ACT BY THEATRE 360, ITS AGENTS, DIRECTORS, OFFICERS, STAFF AND EMPLOYEES, EXCEPT FOR THE CONDUCT PROVIDED FOR IN SECTION 1668 OF THE CALIFORNIA CIVIL CODE, SUCH AS WILLFUL, FRAUDULENT OR OTHERWISE ILLEGAL CONDUCT.

In connection with the release of unknown risks, I am familiar with the provisions of Section 1542 of the California Civil Code, which provides:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THIS RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTORS.

I HEREBY WAIVE THE PROVISIONS OF SECTION 1542 IN CONNECTION WITH ANY UNKNOWN RISKS THAT MAY AFFECT THE PARTICIPANT DURING HIS/HER PARTICIPATION IN CLASSES OFFERED BY THEATRE 360.

I have read the entire Parental Consent and Release, and fully understand it. I agree that its terms shall bind me, the Participant, and our heirs, legal representatives and assigns as to all current and future classes the Participant may take at Theatre 360 unless I revoke the Parental Consent and Release in writing. The revocation shall apply only to future classes offered by Theatre 360.

I agree to be bound by the terms of this Agreement.

Date: _____

Parent's or Guardian's Signature

Participant