The Sofia, Home of B Street Theatre: Technology Lab

PARENTAL AUTHORIZATION AND RELEASE FORM

NAME OF PARTICIPANT_____

BIRTHDATE_____AGE_____

SCHOOL_____ GRADE_____

PARENT/GUARDIAN'S NAME_____

HOME ADDRESS_____ZIP_____

HOME PHONE_____CELL PHONE_____

EMAIL_____

EMERGENCY CONTACT:

NAME:_____

RELATIONSHIP TO PARTICIPANT: _____

PHONE NUMBER: _____

1. **Permission of Legal Guardian**

I, the undersigned, am a parent, legal guardian, or managing conservator of the above-mentioned participant (hereinafter, "my child"*)* and warrant that I have the authority to enter into this agreement. I give my consent and permission for my child to participate in the technology lab program and all related activities at The Sofia, Home of B Street Theatre (hereinafter, "The Sofia") during the calendar year 2020.

Initial: _____

2. **COVID-19**

I understand that the State of California is currently subject to a stay-at-home order due to the COVID-19 pandemic. I am fully aware of the rules and regulations imposed by the State of California and the City of Sacramento, including the requirement that my child and I must maintain social distancing of at least six feet from other participants, and that all participants must wear a mask while engaging in activities on the premises.

I am aware that persons over age 65 and persons with underlying health conditions are at greater risk of contracting COVID-19 and becoming ill, potentially risking death.

Neither my child nor I am experiencing symptoms of COVID-19, such as a dry cough, fever, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of sense of smell and/or taste.

I have not been advised by a physician that my child or I am COVID-19 positive.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Initial: _____

3.   In consideration for my participation in the Activity, I agree as follows:

Assumption of Risk

I am fully aware of the risks and potential hazards involved with participation in the technology lab program and its related activities.

I am fully aware of the additional risks during the COVID-19 pandemic including but not limited to contracting and transmitting the virus, and I hereby elect my child to voluntarily participate in such activities.

I voluntarily assume any responsibility for any risk of loss, property damage, or personal injury, including death, arising from my child's participation in the above-mentioned activities and use of the preemies, facilities, and any equipment. My child's participation is undertaken solely at our own risk.

Medical Release

I authorize The Sofia to provide or cause to be provided such medical treatment to my child as may be necessary or appropriate if any injury occurs while they are participating in the Activity

Adherence to Rules and Guidelines

I agree that my child and I will obey all rules and regulations applicable to the Activity and instructions provided by The Sofia staff and volunteers during my participation in the Activity. This includes all posted rules and warnings, and instructions or directions, whether written or oral, given by The Sofia, its employees or agents.

Assumption of Cost for Loss & Damages

The Sofia will not be responsible for any damage or loss to my or my child's personal equipment or property, including personal effects.

I understand that the technology, materials and tools provided by The Sofia are and remain the property of The Sofia, and I agree to return these tools and any remaining materials to The Sofia at the end of each program day. I agree to assume all responsibility and pay for all damages to any supplies or tools, facilities or any other property of The Sofia caused by any actions by me or my child resulting from participation in these activities. In no event shall The Sofia be liable for any indirect, incidental, special, exemplary, punitive or consequential damages.

Initial: _____

4.   Release of Liability

In consideration for my child being permitted to take part in activities at The Sofia, I hereby agree to waive, release, indemnify and hold harmless The Sofia and its employees, board members, volunteers, or other agents (hereinafter, "Releasees") from any and all claims, suits, losses, damages, causes of action, expenses of litigation and/or settlement, or other liability by reason of any accident or injury suffered by my child, which may arise in connection with these activities, whether or not caused by or alleged to be caused by the negligence of the Releasees. I further agree to indemnify and hold harmless the Releasees from any and all losses, damages, other causes of action, expenses of litigation and/or settlement, or other liability related to personal property belonging to or under the custody or control of my child at the events described above.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above-named Releasees. This Agreement shall be interpreted under the laws of the State of California.

In signing this release, I acknowledge and represent that I have read the foregoing Parental Authorization and Release Form, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least (18) years of age and fully competent; I execute this release for full, adequate and complete consideration fully intending to be bound by same. I understand and agree that this release is required as contractual consideration to The Sofia for allowing my child to participate in the technology lab program, and that my agreeing to this release of liability is required in order for my child to participate in this activity.

Initial: _____

_____
Parent or Guardian Signature

_____
Print Name

_____
Date