

**Teen and Children's Class & Camp Agreement 2017**

Administration & Class Location  
146 W. Rose Valley  
Rose Valley, PA 19086  
Office: 610-565-4211

**Class Name:**

**Class:**

**Parents Names:**

**Child's Name:**

**Primary Phone:**

**Secondary Phone:**

**Mobile Phone:**

**Address:**

**City:** Rose Valley    **State** PA    **Zip:**

**Authorized Person (s) to pick up Student (s):**

**Emergency Contact** (other than Guardian):

**Relationship:**

**Phone:**

**Physician:**

**Physician Phone:**

Health Concerns: Please state health concerns, dietary restrictions (including physical and/or learning challenges). We will make every effort to accommodate requests.

**Tylenol** may be given: Rose Valley

**First Aid** may be given:

**Allergies:**

**Medications:**

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**Parent or Guardian Signature**

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**Date:**

**Hedgerow School/ Camp Transportation Release Form**

Name of Child:

The Hedgerow Staff for Hedgerow School and Camp will make every effort to assure your child's safety while on the premises of the Theatre and Hedgerow House. It is understood that staff member will be responsible for your child at the point when s/he has checked in to the instructor at the beginning of a session to the point when they have checked out to the close of a scheduled activity.

We prefer that students are driven and dropped off at the site of the class or camp activity. Traffic on winding Rose Valley Road is oftentimes heavy and sometimes dangerous, especially in the absence of sidewalks.

- I understand that Hedgerow Staff will be responsible for my child once my child has checked in with the instructor.

-When each class session is dismissed, Hedgerow staff will no longer be responsible for my child's safety.

-I acknowledge that there are risks in having my child walk or bike on Rose Valley Road.

-I assume full responsibility for my child's safety as s/he travels from my home to Hedgerow and back again.

**Permission is granted for my child to be transported to the hospital in case of emergency**

Permission is also granted for my child to ride in a motor vehicle driven by a designated person of the Hedgerow Theatre staff. This will only be during school/class hours for the purpose of classroom experience or shift of teaching space

Child Name:

Parent Name:

**Parent Signature:** \_\_\_\_\_

**Date:**    \_ / \_ / \_ \_

HEDGEROW THEATRE SCHOOL  
Audio/Visual Image Release Form

For good consideration, the exchange of which is hereby acknowledged, I grant permission to Hedgerow Theatre, its employees and agents, to take and use audio/visual images of me. Audio/visual images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. Hedgerow Theatre shall not materially alter the original images. The audio and/or images may be used in any manner or media without notifying me, such as Theatre sponsored web sites, publication, promotions, broadcasts, advertisements, posters and theater slides, as well as for cross promotional uses with another company and/or organization. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them. I release Hedgerow Theatre and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the audio, images or printed material used. I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents and I freely accept the terms.

Student's Name:

Parent or Guardian:

(If under 18 years of age)

Signature: \_\_\_\_\_ Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

**Questions?**

If you have any questions, please contact the office at 610-565-4211 or  
[company@hedgerowtheatre.org](mailto:company@hedgerowtheatre.org).