



NORTHERN LIGHT THEATRE

Northern Light Theatre & Maralyn Ryan present:
Performance Camps for Young People

NEW LOCATION: Glenora Community League 10426 136 St NW, Edmonton, AB T5N 2E8

THE ADVENTURES OF TOM SAWYER (AGES 5-9)

AUGUST 2-5, 2016 (9:00 am-Noon) Performance Aug 5 at Noon

Name of Child: _____ Age: _____

Address: _____

City: _____ Postal Code: _____

Name of Parent/Guardian: _____

Phone (w): _____ Phone (h): _____ Phone (c): _____

Emergency Contact Name: _____ Phone: _____

Email: _____

Amount: \$135.00/participant

Payment Method

____ Cheque ____ Cash ____ M/C ____ VISA

Credit Card Number: _____ Expiry: _____

Security Code (three digits on the back of the card): _____

Name on Credit Card: _____

Mail: #203, 10816A- 82 Avenue, Edmonton, AB. T6E 2B3

Email: artisticassociate@northernlighttheatre.com

Once registered you will receive a welcome package in the mail outlining camp participation guidelines. Receipts available upon request.

REFUND POLICY: A fifty dollar (\$50.00) administration fee will be applied to any requests for refunds. No refunds will be permitted starting August 8 (the first day of camp).

Artistic Director: Trevor Schmidt General Manager: Gina Moe Artistic Associate: Ellen Chorley Camp Director: Maralyn Ryan
Northern Light Theatre #203, 10816A- 82 Avenue, Edmonton, AB. T6E 2B3
(p) 780.471-1586 (f) 780.471.6264 (e) artisticassociate@northernlighttheatre.com
www.northernlighttheatre.com



NORTHERN LIGHT THEATRE

WAIVER, RELEASE AND INFORMED CONSENT

I _____ confirm I am the legal guardian of _____ (hereafter, my "child"). I understand and agree to the following:

I consent to my child's participation in Northern Light Theatre's Performance Camp and all related activities (collectively, the "Camp"). In consideration of my child's participation in the Camp, I HEREBY WAIVE ANY AND ALL CLAIMS that I or my child have or may in the future have against, and release from all liability and agree not to sue, NORTHERN LIGHT THEATRE, its employees, directors, servants, agents and representatives (collectively, "NLT") for any personal injury, death, property damages, health care costs, theft or other loss of any kind, including economic loss, that I or my child might sustain as a result of or in any way connected to my or my child's participation in the Camp DUE TO ANY CAUSE WHATSOEVER including, but not limited to:

- (a) negligence (the meaning of which includes failure to use such care as a reasonably prudent and careful person would use under similar circumstances and failure to meet such standards of care applicable to such circumstances) or gross negligence;
- (b) breach of any other duty imposed by law, including any duty imposed by occupier's liability or other legislation;
- (c) breach of any contract; and
- (d) mistakes or errors in judgment or any kind on the part of NLT.

I ACKNOWLEDGE that there are inherent risks in my or my child's participation in the Camp. I do hereby assume all responsibility for my or my child's participation in the Camp.

I DECLARE MY CHILD TO BE PHYSICALLY SOUND and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my child's participation in the Camp.

I AM AWARE THAT PARTICIPATION IN THE CAMP INVOLVES RISKS, HAZARDS, AND DANGERS. I ASSUME AND ACCEPT ALL THE RISKS AND DANGERS associated with my or my child's participation in the Camp, including the possibility of personal injury, death, property damage, or other loss resulting therefrom. I accept full responsibility for my or my child's participation in the Camp by exercising my judgment, based on my own experience and competence.

MY OR MY CHILD'S PARTICIPATION IN THE CAMP IS PURELY VOLUNTARY and I elect to have myself or my child participate in the Camp in spite of the risks. I willingly accept these risks and agree to the terms of this Waiver and Release even if NLT is found in law negligent, grossly negligent or in breach of a duty of care or any other obligation to me in their coordination and hosting of the Camp or otherwise.

I confirm that I am of the full age of 18 years, that I have had sufficient time to read and understand what I am agreeing to in this Waiver and Release before signing, that I have had the opportunity to seek independent legal advice, and I understand that THE WAIVER WILL BE BINDING UPON MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, AND SUCCESSORS.

NAME: _____

SIGNATURE: _____

DATE: _____