

PARENTAL AUTHORIZATION

As indicated by my signature below, I hereby grant permission for _____, for whom I am parent or guardian, to participate in The Cappies (“Critics and Awards Program”) during the current school year, as a student Critic representing _____ school.

I understand that participation in The Cappies is voluntary, that it is not required, and that it exposes my child to risk(s).

I understand that my son or daughter will be expected to provide his/her own transportation to assigned theater performances at schools other than his/her own.

I understand that participation in The Cappies involves activities off school property. Therefore, I understand I understand that, while my child participates in The Cappies, neither the local school system, nor any individual school, nor the Regional Cappies program, nor The Cappies, nor their employees or volunteers, will have any responsibility for students in route to or from these theater performances, nor for my child’s conduct, nor for the conduct of any other child participant, nor for the conduct of any adult at any performance site, nor for any medical needs or emergencies my child may have. And I understand that the Regional Cappies, nor The Cappies, nor their employees or volunteers, will have any responsibility for my child’s safety inside any school or other performance site.

I understand that my son or daughter may write reviews that will be edited by and published in local newspapers, and may be photographed or video recorded while participating in The Cappies, and that any photograph may be published and any video recording may be broadcast.

I understand that telephone and email information about my son or daughter is contained in the Cappies Information Services database, and that my son or daughter will receive emails from The Cappies.

I understand that my child may not participate in The Cappies unless (1) The Cappies program has accepted my child’s school as a participating school, or has otherwise accepted my child as a participant in The Cappies, and (2) The Cappies program has received this signed Parental Authorization.

I understand that the Cappies Advisor at my child’s school, or The Cappies, may terminate my child’s participation in The Cappies at any time.

PLEASE SIGN THIS FORM, AND RETURN IT TO YOUR SCHOOL’S CAPPIES ADVISOR.

I hereby grant permission for _____ to participate in all aspects of The Cappies program. (Print Student’s Name)

(Parent’s or Guardian’s Signature)

(Date)