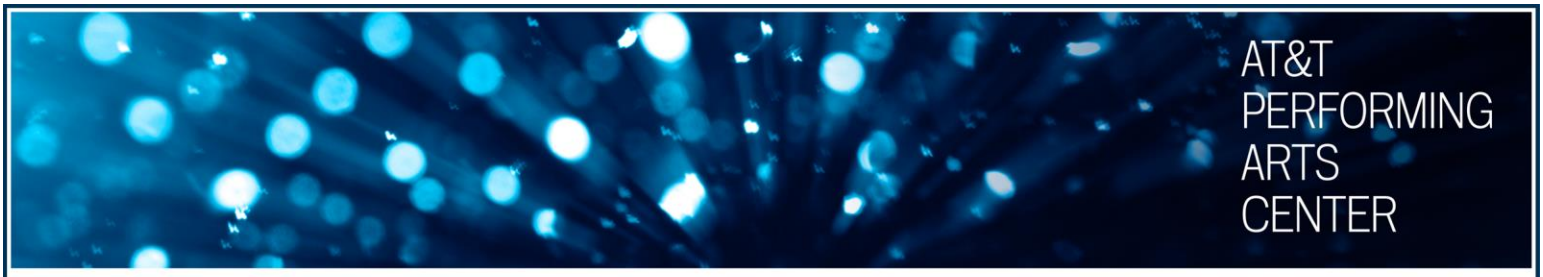

ONE-DAY BROADWAY INTENSIVE REGISTRATION FORM

☐	ONCE ON THIS ISLAND	Friday, December 20, 2019	$250
☐	AN AMERICAN IN PARIS	Friday, May 22, 2020	$250
☐	THE SPONGEBOB MUSICAL	Friday, July 17, 2020	$250
☐	BUNDLE FOR ALL THREE!	20% Discount	$600

Registrant Information:

Last Name: _____ First Name: _____

Age: _____ Grade Level: _____ School (optional): _____

T-shirt Size: _____ Dietary Restrictions or Allergies: _____

Emergency Contact Information:

Last Name: _____ First Name: _____

Phone: _____ Relationship to Registrant: _____

Additional Ticket Information – Family & Friends:

Number of Family & Friend Tickets		@ $50	*plus* $3 Fee	= $

Payment Information:

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

☐ American Express ☐ MasterCard ☐ VISA ☐ Discover

Card # _____ Expiration: _____ Security Code: _____

Authorized Signature _____

TOTAL AMOUNT PAID: $_____

RETURN COMPLETED FORMS TO education@attpac.org

RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT

I hereby agree with AT&T Performing Arts Center to the following by affixing my signature below on this date. In connection with my and my child's participation in the Broadway Intensive program(s) ("Program"), I understand and acknowledge the nature and extent of the activities that will be involved in the Program and assume the risk inherent in such activities on behalf of myself and any minor children. I voluntarily waive any and all claims, costs, liabilities, expenses (including attorney's fees), and judgments against AT&T Performing Arts Center, their directors, officers, employees, servants, subcontractors and agents, and hereby release, excuse and discharge AT&T Performing Arts Center, their directors, officers, employees, servants, subcontractors and agents from all claims, costs, liabilities, expenses (including attorney's fees), and judgments which may arise out of my or my child's participation in the Program and all aspects attendant thereto. The undersigned further agrees to indemnify and hold AT&T Performing Arts Center, their directors, officers, employees, servants, subcontractors and agents harmless from any and all claims, costs, liabilities, expenses (including attorney's fees), and judgments which may arise out of my or my child's participation in the Program.

I am the parent or legal guardian of:

_____

Name of Child

I am signing this agreement on behalf of said minor and acknowledge that in so doing, I am giving up legal rights and remedies that I, my spouse, a legal guardian for the minor, or the minor might have now or in the future.

_____

Signature of Parent/Guardian | Print Name of Parent/Guardian | Date

Description of relevant physical, medical or emotional conditions:

_____

_____

_____

_____

_____

RETURN COMPLETED FORMS TO education@attpac.org

AT&T PERFORMING ARTS CENTER PHOTO RELEASE FORM

I hereby grant AT&T Performing Arts Center permission to use my name, likeness, statements, photographs and/or video in any and all of its publications, including social media and Web space, press materials, for use by the Center and any of its agents, affiliates or partners.

I will make no monetary or other claim against AT&T Performing Arts Center for the use of the photographs and/or video, and waive my right to approve the content.

Name (Print full name) _____

Signature _____ Date_____

Parent's Signature (if under18) _____ Date_____

Affiliation_____

Email_____

Telephone_____

Event_____

RETURN COMPLETED FORMS TO education@attpac.org