

ACE Trip Permission Slip for *An American in Paris*

Signed Slip and Deposit Due: Monday, Sept. 19, 2016

Medical/Liability Release

I hereby and fully release and hold harmless The Actors Conservatory Theatre, its officers, directors, employees, and representatives from any and all liability resulting from or as a consequence of any illness and/or injury to me/my child which may be suffered during the ***An American in Paris* field trip** held on **Feb. 3, 2017** at the **Music Hall at Fair Park in Dallas, Texas**.

Further, I hereby give my consent to The Actors Conservatory Theatre to transport my child to the ***An American in Paris* field trip** held on **Feb. 3, 2017** at the **Music Hall at Fair Park in Dallas, Texas**. I also hereby give my consent to seek and obtain appropriate emergency medical treatment for me/my child and agree to hold harmless from loss, The Actors Conservatory Theatre, its officers, directors, employees, and representatives and any such personnel or agents of the treating medical facility which may provide medical care.

If my child is the participant and medical treatment is called for, I consent to allow a representative of The Actors Conservatory Theatre to transport me/my child to the appropriate medical facility for treatment and hereby give my consent to the medical facility to treat my child if admitted by a valid representative of the organization.

I understand an effort will be made to contact me prior to any treatment given as long as the situation allows and my child will not be endangered by a delay.

I understand that I am responsible for payment of all expenses incurred related to my own or my child's medical treatment.

Participation Agreement

My child(ren), _____, will be attending the field trip to *An American in Paris* at the Music Hall at Fair Park in Dallas, on Feb. 3, 2017, at 7:30 p.m. at a cost of \$25 per child. Parents who attend will be serving as chaperones. Please list the name(s) of any parent(s) who will be attending as chaperones at a cost of \$25 per person: _____.

For tickets to be purchased, this permission slip must be signed and a deposit payment of \$15 per ticket must be paid. The remaining balance must be paid in full on or before Monday, Dec. 19. My family is purchasing _____ tickets.

I realize that tickets to this event are non-refundable and that children who do not qualify for participation in ACE will not be allowed to attend. As representatives of The ACT, appropriate conduct is expected at all times.

Parent signature: _____ Date: _____

Parent printed name: _____ Parent cell: _____

Email address for updates on this trip: _____