



**To: Parents or Legal Guardians of Proud Theater Youth**  
**From: The mentors of Proud Theater Madison**  
**Date: September 14, 2017**  
**RE: Proud Theater 2017-2018 Season – permission forms**

**What:** Proud Theater Madison 2017-2018 Season

**When:** Every Thursday evening 5:30 p.m. to 9:00 p.m.

*(Rehearsal schedule varies starting March, 2018, with additional rehearsals added - 2<sup>nd</sup> semester.)*

**Where:** Trinity United Methodist Church, 1123 Vilas Avenue, Madison, Wisconsin

**More info:** Call Proud Theater at (608) 222-9086 or write to [info@proudtheater.org](mailto:info@proudtheater.org)

## **Greetings to all Parents/Legal Guardians of youth interested in participating in Proud Theater!!**

Proud Theater - an award-winning, exciting and innovative theater program designed to foster self-expression and self-empowerment for Madison-area youth – is opening its doors to youth ages 13 to 18 who are interested in changing the world through the power of theater.

The youth gather every Thursday night at 5:30 p.m. throughout the school year at Trinity United Methodist Church, 1123 Vilas Avenue, Madison, Wisconsin, to improvise, create, and perform theatrical pieces, poetry, spoken word, and music that reflect the realities of their young lives. They then share their work at performances throughout the year in the larger community – and end the year with a cumulative production. **This year Proud Theater will close the 2017-2018 season with their final production on May 24, 25, and 26, 2018, at the Bartell Theater in Madison, Wisconsin.**

Attached is the current rehearsal calendar. **Please read the calendar carefully after you receive it, as all rehearsals in April and May are mandatory if marked as such.**

Food is served at scheduled rehearsals. Transportation to and from all Proud Theater rehearsals and events is the responsibility of the youth involved unless special arrangements are made ahead of time with other youth of driving age or with Proud Theater Mentors. Special events that require mass transportation will have an individual permission form and sent home with your youth several weeks in advance of the event.

As the parent or legal Guardian of a youth interested in participating this season, please take a few moments to fill out the attached forms and have your youth return them to us no later than **November 2, 2017**, or two weeks after your youth joins the group so that they may participate in Proud Theater activities. All information provided will be confidential and not shared with anyone other than the adult mentors of Proud Theater. The attached forms are:

- Participant Permission form
- Medical Release Form
- Media Release form

If you have any questions or concerns, please feel free to contact us at (608) 222-9086, write to [info@proudtheater.org](mailto:info@proudtheater.org) or visit our website at [www.proudtheater.org](http://www.proudtheater.org). We look forward to working with your youth this year, and are excited about the upcoming season!!

Sincerely,

The Mentors of Proud Theater Madison

**PLEASE KEEP THIS PAGE FOR YOUR RECORDS**



# Proud Theater Madison – 2017-2018 Participant/Guardian Form

To be completed by parent(s)/legal guardians of all participants under 18 years of age or by participants themselves if 18 years of age or older. All information is kept confidential.

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (if applicable): \_\_\_\_\_ Cell Phone (if applicable): \_\_\_\_\_

E-mail (print clearly): \_\_\_\_\_

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Guardian 1 Name: \_\_\_\_\_  
(If under 18)

Guardian 2 name: \_\_\_\_\_  
(if applicable)

Permanent Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

**Participant/Guardian Permission:** My signature indicates that I give permission for my youth to attend and participate in Proud Theater activities and performances. I certify that the attached Medical Release/Emergency Information is correct to the best of my knowledge.

Participant signature/date: \_\_\_\_\_

Guardian 1 signature/date: \_\_\_\_\_

Guardian 2 signature/date: \_\_\_\_\_

*Yes, I want to help out with Proud Theater during the upcoming 2017-2018 season!*

Name: \_\_\_\_\_

Email Address (Print clearly): \_\_\_\_\_

Interests:

- Food for rehearsals/Events       Rides to and from Events       Donations

Other \_\_\_\_\_



## Proud Theater Madison – 2017-2018 Medical Release

### Medical Release/Emergency Information and Hold Harmless Agreement

*To be completed by parent(s)/legal guardians of all participants under 18 years of age, or by participants themselves if 18 years of age or older. All medical information is kept confidential and will not be shared with anyone other than the Adult Mentors of Proud Theater in the event of an emergency.*

Name of Participant: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

The following medical information is for the purpose of obtaining immediate medical attention, if necessary.

Regular Medication required (insulin, antihistamine, etc.): \_\_\_\_\_

Allergies (food, drug, insects, etc.): \_\_\_\_\_

Activities Prohibited by physical limitations: \_\_\_\_\_

Tetanus shot in the last 10 years? *(Please circle)*                      Yes                      No

Other: \_\_\_\_\_

Is participant currently under a doctor's care? *(List name/phone)* \_\_\_\_\_

If insured, list insurer, policy number, and Preferred Hospital:  
\_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

This certifies that the above-named participant is physically able to participate in activities with the exception of those listed, and that immediate medical attention may be obtained if necessary. By signing below I agree to indemnify and hold harmless and forever release Proud Theater and its directors, Adult Mentors and volunteers against and from any and all claims and damages, suits and proceedings, medical expense of every type, all or part thereof which arise out of or relate to any activities of the participant of Proud Theater, including but not limited to acts or omissions of Proud Theater.

In the event of an emergency, I hereby authorize the Adult Mentors of Proud Theater to engage a licensed doctor to render medical services which may, in the sole discretion of the doctor, be necessary; I further authorize said representatives to take the participant to the hospital if it should seem necessary and agree that I will pay all doctor, hospital and related bills.

Date: \_\_\_\_\_

Parent (print): \_\_\_\_\_

Participant: \_\_\_\_\_

Parent (print): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Legal Guardian (print): \_\_\_\_\_

PRIMARY CONTACT IN CASE OF EMERGENCY: \_\_\_\_\_

Phone (work, home, cell – List all & times to call): \_\_\_\_\_



Signatures of Participant or Parent(s)/Guardians: \_\_\_\_\_

## Proud Theater Madison – 2017-2018 Media Release

Proud Theater is a chance for your youth to develop theater and music-related skills, make new friends and be involved in a community of young people working to make a difference in the world through the power of theater arts.

Because both Proud Theater and the press need release papers allowing the use of your youth's voice, image, comments or ideas, the following has been developed to serve all of these needs in one simple form. Please provide your personal information below and read/sign the Media Release section at the bottom, verifying that you consent to the use of your and/or your young person's image, voice, comments and/or ideas by Proud Theater and approved media outlets.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ DOB (mm/dd/yy): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### Media Agreement

#### Terms Used:

**"Footage"** – refers to all video, audio or written material of Participant.

**"Guardian"** – refers to the legal parent(s) or guardian(s) of the Participant, under the age of 18

**"Participant"** – refers to the person in question

**"Press"** – refers to Proud Theater and each of the Proud Theater approved media, advertisers, and sponsors

**"Ze"** – term used as a non-gender specific or gender-neutral pronoun

This release is made on \_\_\_\_\_ (date), by \_\_\_\_\_ (participant) and \_\_\_\_\_ (Guardian, if under 18) in favor of Proud Theater and Press, in conjunction with the 2017-2018 Proud Theater season.

Participant hereby represents that she/he/zie is \_\_\_\_\_ (participant) and has the legal right to sign this Release granting Proud Theater and all Press permission as further provided herein.

#### *If under 18 years of age:*

Parent/Guardian hereby represents that she/he/zie is the legal guardian of \_\_\_\_\_ (participant) and has the legal right to sign this Release.

Participant/Guardian hereby grants Press the irrevocable, unconditional and unrestricted right to photograph, record, videotape and/or interview participant and to use, publish, broadcast, and publicly display participant's name, voice, likeness, biographical information, and any or all of the footage in any of Press' programming, publications, or the promotion thereof. In addition, Parent/Guardian agrees that the right granted hereunder shall include the perpetual, worldwide right of Press and its parent, subsidiaries, and affiliated companies to edit, telecast, cablecast, rerun, record, publish, reproduce, use, syndicate, license, print and/or distribute for any purpose, in any manner and in any medium or forum – whether now known or hereafter devised – the Footage, or any portion thereof without payment or consideration.

Participant Printed Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Guardian Printed Name: \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_