



**Pinnacle Creative Arts (PCA)
Parent Agreement**

This agreement is to verify that the undersigned actor(s) and parent or guardian have read the PCA General Policies and Expectations found on our website (next to this contract); and we understand the contents as well as the responsibilities of PCA participation outlined therein.

You waive the right to legal action for any injury sustained at any PCA related activity – rehearsal, performance, set building, etc.

Permission is granted to take photos to be used in brochures, websites, posters, ads, etc. Permission is hereby granted for PCA to copyright such photos (for safety purposes, actors will not be identified by name).

Medical Treatment Authorization – In the event of illness or injury occurring to my child while participating with Pinnacle Creative Arts Studio, I hereby give my consent for medical or dental care deemed necessary by the attending health care provider or dentist. My child may be examined and any necessary procedures (medical, dental or surgical), anesthesia or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical office staff furnishing such services. I further acknowledge that I am financially responsible for any medical, dental, ambulance or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury. I understand that, in the event of major illness or injury, reasonable effort will be made to contact me.

Health issue(s) we need to be aware of: _____

This agreement must be signed and turned in at the Cast/Parent Meet & Greet

Parent/Guardian Signature

Date

Print name of Parent/Guardian

Best Contact Phone #

Actor Signature

Date

Second Actor Signature (if applicable)

Date