



SCHOOL NAME Leaders in Learning High School

DEAR EVAN HANSEN- DIGITAL EDUCATION PROGRAM-- STUDENT RELEASE

Participation and Authorization. I, (**18 or older**; please print name. 17 or younger please print name) _____ hereby agree (and give permission for my child,(please print name of participant) _____, to participate in the Seattle Theatre Group (“STG”) *DEAR EVAN HANSEN--DIGITAL EDUCATION PROGRAM*. Irrespective of any negligence on behalf of STG, I agree to assume these risks.

I hereby promise not to bring a claim against or sue and hereby agree to release, and hold harmless STG and its board of directors, its staff and volunteers from any claim of any kind regarding injuries and/or accident due to my participation in this program. In the event any such claim is brought, I agree to defend and indemnify STG and its board of directors, its staff and volunteers.

Photographs & Videotape. I hereby understand that STG may take photographs and/or videotapes of me, and I authorize STG to use these photographs and videotapes for archival and publicity purposes.

I AGREE TO THE ABOVE TERMS AND CONDITIONS.

If 18 years of age or older, please sign below;

LAST NAME **FIRST NAME**

GRADE **AGE**

If 17 years or younger, please have parent or guardian sign below;

PARENT/GUARDIAN LAST NAME **FIRST NAME**

SIGNATURE

AGREE TO THE ABOVE TERMS AND CONDITIONS.



Please help us gather information. We will not share with anyone and will use it confidentially when reporting.

OPTIONAL (Participant)

DEMOGRAPHIC

African American Caucasian Native American Asian
 Pacific Islander Hispanic Not Available Other

SEX

Male Female Not Available Other

DO YOU RECEIVE: FREE & REDUCE LUNCH

YES NO NOT SURE