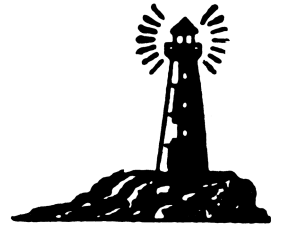




# HULL HIGH SCHOOL

## Theatre Arts Department

180 Main Street, Hull, Massachusetts 02045  
(781) 925-3000 Fax (781) 92563071



### PERMISSION AND REGISTRATION

*Please complete this form for each individual child in your family that is participating this year in HHSTA activities.*

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ SCHOOL ATTENDED LAST YEAR \_\_\_\_\_

PARENT NAME \_\_\_\_\_ CELL # \_\_\_\_\_

ALTERNATE PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

CONTACT # \_\_\_\_\_

#### **Please choose one.**

Please check this to indicate if your child's picture may be used in public images such as Programs, Social Media or Advertising Materials.

Please check here if you DO NOT wish child's picture to be used in public images such as Programs, Social Media or Advertising Materials.

#### **Please read the statement below and sign.**

I hereby give my son/daughter, \_\_\_\_\_ permission to participate in Theatre Arts productions for the 2020-2021 School Year. I also permit my child to receive medical treatment in the event I cannot be reached. I understand the regulations and policies outlined in the Theatre Arts Handbook and both my son/daughter and I accept these terms in order to participate in theatre arts activities at Hull High School.

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**

I understand that through the Theatre Arts Handbook, I am held to a higher standard as a student-artist at Hull High School. I agree to the conditions outlined in the Theatre Arts Handbook and willingly make the decision to participate in theatre arts activities at Hull High School.

\_\_\_\_\_  
**Student**

\_\_\_\_\_  
**Date**

**PARENTAL/STUDENT CONSENT RELEASE  
FROM LIABILITY AND INDEMNITY AGREEMENT**

I, the undersigned parent/guardian of (student name) \_\_\_\_\_  
do hereby consent to his/her participation in Theatre Arts for the 2020-2021 school year,  
and in consideration of his/her being permitted to so participate, I, on behalf of myself,  
my heirs, my agents, my representatives, and on behalf of

(student name) \_\_\_\_\_

do forever RELEASE, acquit, discharge, and covenant to hold harmless, The Town of Hull, and its employees, servants and agents, as well as the Hull School Committee, its former and current members, and its employees, servants and agents, from any and all actions, rights of action, causes of action, charges, and/or claims, in any way related to, rising from and/or growing out of, directly or indirectly, all known or unknown personal injuries or property damage or death, which I may now or hereafter have as the parent/guardian of said minor, as well as any actions, rights of action, causes of action, charges, and/or claims which said minor has or hereafter may acquire, either before or after he/she reaches the age of majority, resulting from, relating to, or in any way connected to, his/her participation in Theatre Arts for the 2020-21 school year, sponsored by or related to the Town of Hull Public Schools.

In addition, I, as parent/guardian of said minor, agree to indemnify the Town of Hull and its employees, servants and agents, as well as the Hull School Committee, its former and current members, and its employees, servants and agents, in the event that any action, charge, and/or claim, is brought against the foregoing, which is in any way related to, arising from and/or growing out of, directly or indirectly, in Theatre Arts for the 2020-21 school year, sponsored by or related to the Town of Hull Public Schools.

\_\_\_\_\_  
Signature of Parent/Guardian  
(Required for all Students)

\_\_\_\_\_  
Signature of Student  
(Required for all Students)

Date \_\_\_\_\_

Date \_\_\_\_\_