

The Merc Playhouse

2022 Summer Shakespeare Registration/Medical Release

Please return this form with \$50 materials fee to
The Merc, PO Box 425 Twisp, WA 98856

Name _____ Age: _____

Address _____ City _____ State _____ Zip _____

Email _____

Best contact phone # _____

Emergency Contact

Name(s) _____ relationship to actor _____

Daytime phone(s) _____

Any physical limitations or medical equipment required for physical activity that we should be aware of?

Describe. _____

Consent: I give The Merc Playhouse permission to include pictures of me or my child in publications, on the website, and/or on social networking websites such as Facebook, etc. for the purposes of illustration, advertising, or publication in any manner.

Consent: Permission is given for any emergency medical care which might be deemed necessary by medical personnel. I recognize my responsibility, through appropriate insurance or otherwise, to cover all medical and transportation expenses resulting from illness or injury during this program. I also give permission for a Merc Playhouse employee to transport or arrange for transportation for me/my child to the hospital or medical/dental office. Every reasonable effort will be made to contact the parent/guardian in the event of an emergency. The Merc staff will take every precaution to ensure the safety of each participant in the program. However, I recognize the physical nature of this program and release The Merc from any liability resulting from an injury.

Signature of participant or
parent signature if under 18 _____ Date _____

Rehearsal Conflicts (Please list your work schedule or any other conflicts you have for June 13 – July 3. We will be considering this when making rehearsal plans and with such a short window of time, it will be necessary to get things scheduled efficiently. Even if you have a “tentative” conflict, list it here so we don’t have surprises!)

Any previous acting experience?
