

BARDSTREET SHAKESPEARE AND ACTING SUMMER WORKSHOP

ADULT LIABILITY WAIVER, MEDIA RELEASE, CODE OF CONDUCT
FORM, MEDICAL INFORMATION FORM

Write your last name below IN CAPS:

I, (indicate your name below):

Entering Grade:

1. _____
First Name Last Name

will attend the **Bardstreet Shakespeare And Acting Summer Workshop at the Arts Federation on MAY 30, JUNE 6, and JUNE 13, 2026.**

I hereby consent and agree to hold harmless **the Arts Federation** and/or Bardstreet, LLC, and any and all personnel or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with, my participation, including the transportation necessary to participate in aforementioned activity.

Media Release

On occasion, Bardstreet, LLC takes photographs or makes an audio or video recording of children and/or adults involved in Bardstreet, LLC activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in Bardstreet, LLC publications or advertising materials to let others know about Bardstreet, LLC. Also, local news organizations may learn about Bardstreet, LLC’s activities or events, and Bardstreet, LLC may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of Bardstreet, LLC see fit.

I hereby expressly grant to Bardstreet, LLC, its assigns and transferees, the right, privilege, and license to copyright, use, edit, reproduce, and publish the picture or likeness of my presence in any photograph, movie, video production, or any other forms of media publication taken for the Shakespeare And Acting Summer Workshop and to use my verbal or written statements or declarations with or without name and for any lawful purpose in print and/or electronically, including casting and recruitment, audio-visual presentations, advertising, web content, social media channels, and fundraising of Bardstreet, LLC, in furtherance of the mission of Bardstreet, LLC. I release any staff and volunteers of Bardstreet, LLC, and I understand and agree that the use of such picture(s), likeness(es), statement(s), or declaration(s) is not an invasion of privacy. Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Your initials:

Bardstreet Code of Conduct

Please go over Code of Conduct and indicate on the final page that you agree to abide by the rules below. At Bardstreet, LLC, we want to have fun in our drama workshops and productions, and in order to do this there must be some ground rules in place. Thank you for your help in this matter!

* We ask that younger members in productions and workshops rise to the challenge, bringing all their energy to match their elders in focus, commitment, and maturity. We ask that older members in productions and workshops be respectful and encouraging toward younger members and set a positive example – be good leaders.

*We ask that people respect each other’s personal space – no hitting, pushing, or any other inappropriate physical activity. We will not tolerate any form of physical or verbal bullying, inappropriate language, or disrespect towards one another or towards Bardstreet staff/volunteers.

*We respect our surroundings. We are responsible for throwing away our trash appropriately and remembering to bring our belongings home after every rehearsal or workshop. We are guests in these rehearsal/workshop places, and respect them accordingly, following rules, keeping spaces tidy, and staying in authorized locations within the buildings.

*NO cell phone use (including calling and texting) or hand-held devices during rehearsals. It can be very disruptive to the learning environment. Cell phones may only be used in an emergency or to call a parent/guardian at the END of the workshop/rehearsal.

*Be prepared – wear layers, wear comfortable closed-toe shoes, and bring a water bottle. There is a water bottle refill station at **the Arts Federation**. You may bring a small, tidy snack. Please: no sauces, snacks with lots of crumbs, or beverages besides water.

*If our code of conduct cannot be followed, a parent/guardian will be notified immediately. Adult participants may be asked to depart. Inappropriate or disruptive conduct will be grounds for dismissal from the program with no refund.

Your initials:

MEDICAL MATTERS

1. Emergency Contact(s) Information

Name: _____

Emergency Phone: _____

Best Email: _____

Address: _____

Name: _____

Emergency Phone: _____

Best Email: _____

Address: _____

2. **Emergency Medical Treatment:** I hereby warrant that to the best of my knowledge, I am in good health, and I assume all responsibilities for my health. In case of accident or illness, I request that the representatives of Bardstreet, LLC contact my emergency contact(s). I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of Bardstreet, LLC, may make whatever arrangements seem necessary.

In the event of an emergency, I hereby give permission Bardstreet, LLC agents, representatives, volunteers and employees thereof, and chaperones or representatives associated with this event to transport me to a hospital and/or urgent care for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. I hereby give permission to the physician selected by either a parent in charge or by Bardstreet, LLC personnel or volunteers to secure appropriate necessary treatment and/or medication for my condition.

I agree to assume the financial responsibility for any diagnosis, treatment and/ or medication deemed necessary. To the best of my knowledge all information given is accurate and complete. I hereby consent to and authorize the necessary procedures that have been stated in this document.

DOCTOR: _____

Phone: _____

HEALTH PLAN CARRIER _____

Policy Number: _____

My initials:

EMERGENCY INFORMATION FORM: YOUR INFORMATION

Your Name: _____

Date of Birth: _____

Bardstreet, LLC will take reasonable care to see that the following information will be held in confidence.

1. Bardstreet, LLC should be aware of these special medical conditions:

	No	Yes
Allergic reactions (medications, foods, plants, insects, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Does you have a medically prescribed diet?	<input type="checkbox"/>	<input type="checkbox"/>
Any physical limitations?	<input type="checkbox"/>	<input type="checkbox"/>
Are you subject to chronic homesickness, emotional reactions to new situations, fainting?	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any condition(s) marked "Yes."

2. Procedures to be followed if above condition(s) presents an emergency:

My initials:

ADULT PARTICIPANT MUST SIGN AND DATE THIS FORM

I have read, understood, and agree to all sections of this document, including the Bardstreet Code of Conduct. By checking this box and typing/signing my full name below, I attest that this constitutes my legal electronic signature on this form and that I fully agree and accept the terms of this document:

I accept.

Your Name (Type): _____

Your Signature: _____

Date: _____