



EMERGENCY TREATMENT / LIABILITY RELEASE / SAFETY POLICY

I hereby give permission for employees or volunteer staff of the Northwest Connecticut Association for the Arts, Inc. d/b/a the Warner Theatre (the "Warner Theatre") to give emergency treatment as necessary to myself or the below-named minor child in the event of illness or injury. I further give permission for myself or the below-named child to be transported to a hospital or emergency medical center for treatment. In the event that the below-named emergency contact or preferred physician cannot be contacted, I further consent to medical, surgical and hospital care, treatment and procedures to be performed by a licensed physician or hospital when deemed immediately necessary or advisable by a licensed physician.

I hereby release, acquit and forever discharge the Warner Theatre or any of its employees, volunteer staff, directors, agents and/or representatives from any and all claims, causes of action, damages, or judgments, whether in contract or in tort, for any injuries that may be incurred arising out of or in any way connected with my or the below-named child's participation as a volunteer for the Warner Theatre.

For the safety of all its volunteers and students, all volunteers of the Warner Theatre may be subject to a background check. Your work may be contingent upon a satisfactory background check without any arrests, convictions, violations and/or other matters which may be deemed unsuitable for your contemplated services in the sole discretion of the Warner. The Warner shall pay the expense of any background check performed. All personal information given or obtained will be held strictly confidential.

Volunteer Name: _____

Address: _____

Telephone: _____ Email: _____

Emergency Contact:

Name

Telephone

Address

Relationship

Medical condition or allergy we should know about in case of emergency: _____

Signature

Date

Parent/Guardian Signature (required for minor volunteer)

Date