

TCT A CHRISTMAS CAROL 2024

ADULT PARTICIPANT FORM

Participant Name _____

Cell Phone _____ Home Phone: _____

Email: _____

ATTENDANCE: I understand that rehearsal time is very short and attendance is very important. Absences should be limited to 2 or 3 missed rehearsals. Additional absences should be approved by the Director and Producers. Please list all conflict dates. Participants must be able to attend all Technical and Dress rehearsals and perform in all of the shows.

Conflict Dates: _____

Medical Waiver: In consideration of my participation in the Trumbull Parks and Recreation, Trumbull Community Theatre production of A CHRISTMAS CAROL, the Musical, including all rehearsals, performances or related events (“the activity”). I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Town of Trumbull or the Parks and Recreation Department; and its representatives, successors and assigns, for any and all injuries suffered by myself at the activity sponsored by these groups. I understand there is inherent risk associated with the activity and authorize emergency medical treatment and transportation on my behalf.

PHOTO RELEASE: I understand that I may be photographed or videotaped during my participation of the Trumbull Community Theatre rehearsals and performances of A CHRISTMAS CAROL, the Musical, and that the photos and videos may be used for promotional purposes, newspaper releases or placed on the Town’s public website or the TCT website.

Print Name _____

Signature _____ Date _____