

JATAJHT AHOJA

P.O. Box 794 Kealakekua, HI 96750 info@alohatheatre.com 808.322.9924

2019-2020 Season Registration Form

Participant's Last Name		First Name	Middle
Birth Date	Occupation/School & Grade	Gender	Email
Home Phone	Cell Phone	Work Phone	9
Mailing Address			
Physical Address			
Emergency Contac	t: Name/Relationship	Emergency Contact	t Phone(s)
Name of Physician		Physician's Phone	
lealth Insurance Policy		Allergies & Medications	
Participant's specia	al needs or conditions		
and crew member check is conducted information. You will renew the che concerns, please of	s. The check is for criminal offe d by a third party vendor—no on	nses only and does no e at the Aloha Theatre k request via email; t n active volunteer. I y email at melissa@al	
	to indicate you unders cknowledge that you will not be		d check is required. If you do not n Aloha Mainstage productions.
njury, I hereby rele from any and all lial responsible for any	easonable care will be taken to in ease and hold harmless the Aloha bility for such occurrence. I here	a Theatre, its employe by agree to be person ulting therefrom. I he	reby authorize Aloha Theatre and
Signature of Partici	pant:		Date:
I hereby sign on be authority to do so.	Particip ehalf of the minor participant na	pant Under 18 med above, and furthe	er warrant that I have legal
•	(Guardian Signature: _	
Print Guardian's La	st Name First Name	Cell Phone	 Email



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Photo Release

I, the undersigned, hereby authorize the Aloha Theatre and its agents to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me ("media"). I hereby grant the Aloha Theatre and its agents permission to use such media in any and all of its publications, including web-based content, without payment or other consideration. I understand and agree that all media will become the property of the Aloha Theatre and will not be returned.

I hereby irrevocably authorize the Aloha Theatre and its agents to edit, alter, copy, exhibit, publish, or distribute media for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of media.

I hereby hold harmless, release, and forever discharge the Aloha Theatre from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I have read and understand the above photo release. I affirm that I am at least 18 years of age, or, if I am under 18 years of age, I have obtained the required consent of my parents/guardians as

Aloha Theatre is a volunteer organization and needs your help. How can you help us?

Lights **Set Design Assistant Director Donation Event** Producer Sound **Box Office Planning Concessions General Office Props Stage Crew** Costumes Hair/Makeup **Set Build** Other: