



ALOHA THEATRE

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

2018-2019 Season Registration Form

Participant's Last Name		First Name	Middle
Birth Date	Occupation/School & Grade	Gender	Email
Home Phone	Cell Phone	Work Phone	
Mailing Address			
Physical Address			
Emergency Contact: Name/Relationship		Emergency Contact Phone(s)	
Name of Physician		Physician's Phone	
Health Insurance Policy		Allergies & Medications	
Participant's special needs or conditions			

Waiver

I understand that reasonable care will be taken to insure my safety. However, in the event of an accident or injury, I hereby release and hold harmless the Aloha Theatre, its employees, contractors and agents of and from any and all liability for such occurrence. I hereby agree to be personally and solely liable and responsible for any and all damages of any kind resulting therefrom. I hereby authorize Aloha Theatre and its representatives to arrange for emergency medical treatment should it become necessary.

Signature of Participant: _____ Date: _____

Participant Under 18

I hereby sign on behalf of the minor participant named above, and further warrant that I have legal authority to do so.

Guardian Signature: _____

Print Guardian's Last Name	First Name	Cell Phone	Email
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Aloha Theatre is a volunteer organization and needs your help. How can you help us?

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



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Photo Release Form

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 evidenced by their signature below.

Signature: _____

Date: _____

Participant Under 18

I hereby sign on behalf of the minor participant named above, and further warrant that I have legal authority to do so.

Guardian Signature: _____

Date: _____