



Zeiterion Performing Arts Center
684 Purchase Street
New Bedford, MA 02740
508-997-5664
www.zeiterion.org

Parent/Guardian Consent Form

I _____, as the parent/guardian of _____, give permission for him/her to participate in The Zeiterion's Teen Ambassador Program.

- ❖ In case of an emergency involving my child, I give permission for The Zeiterion staff to seek emergency medical treatment for my child and to act as guardian in permitting medical treatment if unable to reach me
- ❖ I understand that all emergency and/or medical costs are my responsibility
- ❖ I understand that The Zeiterion assumes no responsibility or liability for injuries/illness of my child. I further understand that I hold the Zeiterion Theatre, its officers, agents, employees and volunteers harmless from any and all liability or claims which may arise out of my child's participation in the Teen Ambassador program.
- ❖ I do not hold The Zeiterion Theatre responsible for any lost/stolen items during his/her participation in the program.
- ❖ I hereby grant The Zeiterion Theatre permission to use the likeness of my child in a photograph or video in any and all publications without payment or other considerations

Please check all that apply

____ I will provide transportation to and from program activities

____ My child has permission to walk to and from program activities

____ My child can provide his/her own transportation to and from activities

Parent/Guardian Signature

Date



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Kindly return this form to the mailing address above, or email to acubellis@zeiterion.org