

## Egyptian Theatre Haunted House 2011 Parent Consent Form

If you are under the age of 18 the parental consent agreement below is required to be filled out and signed with this application.

### PARENTAL CONSENT, MEDICAL WAIVER AND INDEMNITY AGREEMENT

I, \_\_\_\_\_ (Parent/Guardian), warrant that I am the parent having legal custody of or the legal guardian of \_\_\_\_\_ ("Minor"), who was born on \_\_\_\_/\_\_\_\_/\_\_\_\_. I understand and agree that Minor has the intention of volunteering time for the Egyptian Theatre Haunted House "Amenti", operated by Preservation of Egyptian Theatre, Inc. (P.E.T.) and located at 135 N. 2<sup>nd</sup> Street, DeKalb, Illinois. I agree and consent to Minor's participation at the Egyptian Theatre. In the event of accident or injury to Minor while volunteering, I authorize P.E.T., its directors, officers, agents, employees, successors and assigns to seek and obtain medical and/or dental treatment and/or care for Minor. The authority granted by this Parental Consent, Medical Waiver and Indemnity Agreement includes the authority to consent to any medical and/or dental treatment and/or care to be rendered to Minor under the general and/or specific supervision of a qualified physician, surgeon or dentist. Furthermore, I agree to indemnify, defend and hold harmless P.E.T., its directors, officers, agents, employees, successors and assigns from any and all damages, losses, claims, liabilities, charges, suits, penalties, costs and/or expenses, including but not limited to court costs, attorneys' fees and expenses, resulting from any act (whether intentional or not), omission or negligence of Minor and/or from any injury occurring to Minor.

**I have reviewed the dates and times that Minor has signed up for and confirm that Minor is available for the ENTIRE time of ALL shifts that Minor has signed up for. I understand that it is critical to the success of this event that all individuals that volunteer commit to the entire time that they volunteer for.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone: \_\_\_\_\_