

# Midnight Insanity

## Performance Waiver



### Parent/Guardian Permission

**Members under the age of 18 must complete and have a parent or guardian sign below**

I \_\_\_\_\_ (the undersigned) am parent or legal guardian for the above named individual. I hereby grant my explicit permission for them to participate in, attend and perform with Midnight Insanity Entertainment. By signing this waiver, I agree to all the conditions as stated above. In the event of an emergency, and if the Emergency Contacts persons are unavailable and/or cannot be reached, I hereby grant medical authority to the attendant MI official(s) or their designee. I have read a copy of the cast rules and have been advised of show, meeting and rehearsal schedules.

Signature: \_\_\_\_\_

Date:     /     /

Email address: \_\_\_\_\_

Home #: (     )     -     Cell #: (     )     -