



MAGIK THEATRE

Pick Up/Drop Off Waiver Form

Please return this form to education@magiktheatre.org before the first day of camp. If participating in more than one camp, you will need to turn in a new waiver for each.

Camper's Name: _____

Camper's Age/Grade Level: _____ / _____

Camp Name: _____ Camp Dates: _____ to _____

Waiver Agreement

I (Name) _____, the parent or legal guardian of the Camper, (Name) _____, acknowledge that the Magik Theatre has implemented procedures for the check-in/check-out of campers attending Magik Theatre Summer Camp to help ensure the camper's safety both when arriving and departing camp. I wish to allow my camper to sign themselves in and out each day without being accompanied by a parent/guardian, due to the following circumstances (*please check all that apply*):

- My camper may drive to and from Magik Theatre Summer Camp
- My camper may carpool with another camper/family

If you checked "My camper may carpool with another camper/family" please provide the following:

Name of Associated Camper: _____

Name of Authorized Adult: _____

Cell Phone: _____ Email: _____

I fully assume all responsibility for my camper's safety and have chosen to waive the Camper Check-In and Check-Out Procedures. I agree to indemnify and hold harmless the Magik Theatre and any and all of their agents, consultants, assigns, contractors/subcontractors, employees, and all others contracted by or working in service to any of the foregoing parties, from any loss, injury, claim, damage, accident, or cost, which may result from my camper's arrival and departure, including attorney's fees of defense. By signing below, I acknowledge that I have read and understood this Waiver Form and agree to abide by its terms.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____