



Synetic Education Camp/Classes Health and Safety Waiver and Form

This form is valid for 365 days (beginning at the date signed at the bottom), after which a new form must be submitted to Synetic Theater.

Name of Student: _____ Date of Birth: _____

Grade _____ School _____

Student Email (optional) _____

Parent/Guardian(s) Emergency Numbers:

Names: _____

Phone 1: _____ Phone 2: _____

Email: _____

Non-Parent Emergency Contact:

Name: _____ Relation to Student: _____

Phone: _____ Email: _____

Primary Care Physician:

Name: _____ Office Phone: _____

Health History:

Please let us know about any allergies (including food allergies), medications, or physical or psychological conditions that may impact participation:

I authorize Synetic Theater to administer first aid and/or authorize medical treatment for my child. (Circle)

YES NO

SIGNATURE _____ DATE _____



Synetic Theater Release Agreement

Student Name:_____

Parent/ Guardian Name:_____

I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in participation in said Event and transportation and activities incident thereto, to which my child may be exposed, do hereby agree to assume all the risks and responsibilities surrounding myself, my heirs, and personal representatives, hereby defend, hold harmless and indemnify, and release forever, and forever discharge Synetic Theater faculty, staff, instructors, and volunteers, and all their officers, from damage to personal property, personal injury, or death which may result from my child's aforesaid participation. I hereby certify that the above named participant has no medical or psychological conditions that would preclude such participation and I authorize Synetic Theater through its authorized agents to secure for the participant any necessary emergency medical treatment. The undersigned further, agrees to reimburse Synetic Theater for any damage caused by the above named Event participant to Synetic Theater facilities.

Image Release/Permission to Use Image

I, the undersigned, grant to Synetic Theater the right to take photographs and video of my child in connection with the above-identified event. I authorize Synetic Theater to copyright, use and publish the same in print and/or electronically. I agree Synetic Theater may use such photographs and video of my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. Such use of any and all photographs and video shall be limited to marketing and promotion of Synetic Theater.

I have read and agree to the above terms and conditions:

SIGNATURE _____ **DATE**_____



Waiver and Liability Relating to COVID-19

I understand that Synetic Theater, Inc. has implemented comprehensive COVID-19 mitigation protocols. These protocols include the following:

- Mandatory mask wearing while in Synetic facilities
 - This includes all rehearsal rooms (Lab, Mill and Factory), restrooms, storage areas, theater space and backstage areas.
- Daily health checks for all students/staff
 - All students will be asked a daily health questionnaire and have their temperatures takes
 - Students with a temperature of 100.4 or higher will be send home after two retests.
- All Students and staff must be fully vaccinated against COVID-19
- Teaching artists will engage in social distancing wherever possible during the class.
- Students will be asked to wash their hands regularly throughout the day, and be provided breaks multiple times a day for hand-washing.
- At the end of each day, when indoors, the teaching artists will perform a disinfectant sweep of the classroom, with special attention paid to often-touched objects (chairs, table tops, door knobs).
- HEPA grade air purifiers will be placed in the room where students are working daily, and MERV 13 filters will be used in the central HVAC system.

If a student has been exposed to COVID-19 they are to notify the camp director immediately. Students that have been exposed but are showing no symptoms may return to camp.

If a student is exposed and begins to experience symptoms related to COVID-19 they will be quarantined and sent home. Student's cannot return to camp/classes until a five day quarantine is finished AND/OR a negative COVID-19 test is received.

Assumption of Risk: I have read and understood the above protocols concerning COVID-19. I understand Synetic Theater, Inc cannot prevent me or my child(ren) from being exposed to or infected by COVID-19 while utilizing Synetic Theater, Inc's services or premises. I understand it is not possible to prevent against exposure and transmission of COVID-19, and that by choosing to utilize Synetic Theater, Inc's services and/or enter onto Synetic Theater, Inc's premises, I may be exposing myself or my child(ren) to and/or increasing my or my child(ren)'s risk of contracting or transmitting COVID-19. I voluntarily assume the risk that I may be exposed to or infected by COVID-19 by my or my child(ren)'s utilization of Synetic Theater services, and that such exposure or infection may result in personal illness – illness which could potentially be life threatening. I voluntarily assume full responsibility for any and all risks of illness or injury associated with my exposure to COVID-19 in connection with my or my child(ren)'s utilization of Synetic Theater services. I completely absolve Synetic Theater, its directors, officers, employees, agents and insurers from any and all legal or financial responsibility, including, but not limited to, any personal injury, disability, illness, damage or death from exposure to or infection with COVID-19, whether such exposure or infection occurs before, during or after my or my child(ren)'s participation in the services.

SIGNATURE _____ **DATE** _____



Optional Form #1: Check-Out Form

I, _____, do grant permission for my
PARENT/ GUARDIAN NAME

child(ren), _____, to leave Synetic Theater
CHILD NAME

activities with the following list of people.

I understand that the people on this list will need to come inside the building with ID and sign my child(ren) out and that my child(ren) will only be released to the people on this list.

I understand that I may amend this list at any point in communication with the Camp Director or Education Director.

NAME

RELATIONSHIP

PHONE NUMBER

SIGNATURE _____ **DATE** _____



Optional Form #2: Unaccompanied Minor

I, _____, do grant permission for my
PARENT/ GUARDIAN NAME

child, _____, to enter and/or leave Synetic
CHILD NAME

activities unaccompanied. I understand that my child(ren) will sign themselves in/out of their class or camp day and be unsupervised from the point of leaving Synetic Theater premises.

I acknowledge that I may revoke this authorization at any time by contacting the Camp Director or Education Director.

SIGNATURE _____ DATE _____

I understand that I will need to check myself in upon arriving and out with class or camp staff prior to leaving the Synetic Theater promises and cannot leave without written documentation.

Should I need assistance with getting home/finding my parent/guardian I will return to Synetic and speak to a teacher.

STUDENT SIGNATURE _____ DATE _____

STUDENT SIGNATURE _____ DATE _____

Additional student

STUDENT SIGNATURE _____ DATE _____

Additional student