



Sumner PLAYS Information and Registration Packet

ACT. FAST!
One Day. Musical Production. Nine Hours.

Sumner County is blessed to have students recognized for their athletic and educational abilities on an annual basis, but we are also blessed with many students who have developed a love for the performing arts, however, to much less fanfare and celebration.

In 2015 the **SUMNER PLAYS Student Musical Theatre Challenge** was created to recognize and celebrate the talents of these students.

Since 2015, over 300 students from across Sumner County have participated in the **SUMNER PLAYS Student Theatre Challenges**. Over 40 participated in the **SUMNER PLAYS Student Theatre Musical Theatre Challenge** held last January.

On **January 25**, 2020 the *6th Annual* **SUMNER PLAYS Musical Theatre Challenge** will be held. Students participating in this event will be immersed in a completely fabulous, completely fun day of acting, singing, rehearsing and performing. This event will begin at 9:00 am with students randomly chosen to become part of a team that will be assigned a musical theatre number that they will be tasked with memorizing, rehearsing and performing during the Performance Showcase beginning at 6:30 pm that same evening. All students will be encouraged to audition for a possible solo in the show

Each team will be led by a mentor; an actor/actress, director, choreographer and/or coach with professional theater experience who will assist the team with casting, staging, and rehearsing their assigned piece in preparation for their live performance.

Act. Fast! And join us on January 25, 2020 for another great **SUMNER PLAYS Student Theatre Challenge** event.





Who: Middle school and High school & Vol. State students residing in Sumner and surrounding Counties (including public, private and home-school students)

Where: Volunteer State Community College – Caudill Hall 1480 Gallatin Rd Gallatin, TN 37066

When: January 25, 2020: 9:00 am – 8:00 pm. The Student Showcase performances will begin 6:30 p.m. and will be open to the public (free entry)

Registration Fee: \$25.00 / student

What Do I Need to Bring? Nothing. Just show up ready to learn and perform.
Lunch and dinner will be provided.

How to Register:

Thank you for your interest in the Sumner PLAYS Student Theatre Challenge being held on Saturday, January 25th. Included with this packet is a copy of the:

1. Registration Form;
2. Accident Waiver, Release of Liability, Medical Consent and Photography Release Form; and a
3. Medical Release Form.

Please complete these forms and send a check or money order to:

**Actor's Point Theatre Company
170D E. Main St. #236
Hendersonville, TN 37075**

If paying by credit/debit card either call Actors Point Theatre Company at (615) 431-9620 or log-on to actorspointtheatre.com and click the "Sumner Plays" link.

We look forward to seeing you on the 25th of January.





Registration Form

Student Name: _____

Gender: Male Female Date of Birth: _____

Street Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

School: _____

Grade / Class: Freshman Junior Middle School
 Sophomore Senior Ethnicity: _____

Acting Experience: _____

Parents Name: _____

Relationship to Student: _____ Phone: _____

Student Signature: _____ **Date:** _____

Parent / Guardian Signature: _____ **Date:** _____

The Sumner Plays Student Theatre Challenge will begin at 9:00 AM on Saturday, January 25, 2020.
Parents and guests are invited to attend the Student Showcase at 6:30 PM that evening.
Attendance is free but donations will be accepted.
Registration is also available online @ www.actorspointtheatre.com

\$25.00 Participation Fee Paid by: Cash Check

Received By (Print Name): _____ Date: _____





Accident Waiver, Release of Liability, Medical Consent, Photography Release

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING WITH ACTORS POINT THEATRE COMPANY (hereafter APTC) AND Vol State Community College. ACTIVITIES OR EVENTS, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically fit, have sufficiently prepared for participation with APTC, activities or events, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems that preclude my participation with APTC/Vol State CC. I acknowledge that APTC/VOL STATE, and sponsors, and organizers of any activity or event in which I may participate will use this Accident Waiver and Release of Liability Form, and that it will govern my actions and responsibilities at said company, its property, activity or event. In consideration of my application and permitting me to participate in this at this company, activities or event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from the studio, activities and events, THE FOLLOWING ENTITIES OR PERSONS: APTC/VOL STATE CC, and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers; (B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation at this company, activities or events, whether caused by the negligence of release or otherwise. I acknowledge that APTC/VOL STATE CC, and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of AP APTC/VOL STATE CC. I acknowledge that this APTC/VOL STATE CC activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers, and all associated with the participant at the activity.

I give permission for any and all medical attention to be administered to my child in the event of accident, injury, sickness, etc. I also assume the responsibility for payment of such treatment. I understand that at this studio, events or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by APTC/ APTC/VOL STATE CC, the event holders, producers, sponsors, organizers, and assigns. I give full rights to APTC/VOL STATE CC and its staff to use photos, video images and audio reproductions of me or my child to use for promotional or information purposes of APTC/VOL STATE CC or it's agents. Photos may appear with or without names in press releases, websites, and other advertising materials.

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation with Actors Point/ Volunteer State Community College its activities or events, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Participant's Name (Printed)

Participant's Signature

Date

Parent or Guardian (Printed)

Parent/Guardian Signature

Date

BY SIGNING ABOVE, I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.





Medical Release Form (Part 1)

Parent / Guardian Name: _____

Street Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Student's Name: _____ **School:** _____

List of known medical conditions, including Food and Drug Allergies. In addition, please include any and all over the counter and prescription drugs student is currently taking.

In Case of Emergency, please contact:

Relationship to Student: _____ Phone: _____

Primary Physician's Name: _____

Street Address: _____

Name of Practice: _____ Phone: _____





Medical Release Form (Part 2)

Primary Dentist's Name: _____

Street Address: _____

Name of Practice: _____ Phone: _____

Primary Insurance Company: _____

Policy Holder's Name: _____

Relationship to Child: _____ ID#: _____

Insurance Company Phone: _____

Secondary Insurance Company: _____

Policy Holder's Name: _____

Relationship to Child: _____ ID#: _____

Insurance Company Phone: _____

Statement of Consent:

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child, in the event of an accident injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Parent / Guardian Signature: _____ **Date:** _____

