

The Little Theatre On The Square
P.O. Box 288
Sullivan, IL 61951
Phone: 217-728-2065



Sullivan Civic Center
600 N. Washington
Sullivan, IL 61951
Phone: 217-728-4541

The Little Theatre On The Square and Sullivan Civic Center

RELEASE OF LIABILITY

The undersigned, _____, parent or legal guardian of _____, for and in consideration of the allowance of their child to attend and participate in dance and/or drama classes conducted by The Little Theatre On The Square and the Sullivan Civic Center and in further consideration of the use of the facilities and equipment owned by The Little Theatre On The Square and the Sullivan Civic Center does hereby stipulate and agree that the undersigned for himself / herself, his / her executors, administrators, successors and assigns, release The Little Theatre On The Square and the Sullivan Civic Center from any and all liability, claims, demands and causes of action arising from any personal injuries and property damages sustained by the undersigned or his / her child or ward in, on or about the premises of The Little Theatre On The Square and the Sullivan Civic Center facilities. The undersigned understands the sum and substance of this release and assumes full responsibility for injuries or damages which may occur in, on or about the premises of The Little Theatre On The Square and the Sullivan Civic Center facilities. The undersigned expressly, fully and forever releases and discharges The Little Theatre On The Square and the Sullivan Civic Center, their agents, servants, employees and other students from any and all claims, demands, damages, rights of action or causes of action present or future, whether same be known, anticipated or unanticipated, resulting from or arising out of the undersigned's child's or ward's use or intended use of The Little Theatre On The Square and Sullivan Civic Center Facilities and equipment located therein and the instructors and personnel located thereat.

DATED this _____ day of _____, 20 _____

SIGNATURE: _____

Photo Release

I give my permission to The Little Theatre On The Square and the Sullivan Civic Center to photograph or videotape my child for publicity purposes. YES NO

SIGNATURE: _____ DATE: _____