



### Field Trip Waiver 2020-2021

The Backyard Theatre Company loves to share their creativity in the surrounding community, through tours of local businesses, trips to the library, adventures at the fire hall, and much more. We aim to ensure that your children have the benefit of a multitude of learning environments.

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Child's Name	Parent Signature	Date
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I consent to my child enrolled in the Arts4Tots Preschool Program 2020-2021 to participate in field trips at the discretion of AFT and SAC staff.

### Social Media Waiver 2020-2021

The Backyard Theatre Company Program loves to share their creativity and what happens in the classroom through various social media venues including Facebook, The Steinbach Arts Council Website, Carillon and The Steinbach Arts Council Events promotion board and brochures to promote Backyard Theatre Company and share the photos with parents.

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Child's Name	Parent Signature	Date
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I consent to my child enrolled in the Backyard Theatre Company Program 2020-2021 to have photos taken and used on the above social media venues for promotion and parent interest only.

### SAC Waiver 2020-2021

I, the undersigned, understand that participation in any Steinbach Arts Council (SAC) activity involves a risk of accidental injury despite all safety precautions. Therefore, I will assume all risks (injury or illness) that may occur during participation in any program activities held onsite at the Steinbach Arts Council, or held offsite from these premises or while in any use of the facilities at the Steinbach Arts Council. In case of sudden injury or illness, I hereby give authority to any hospital or doctor to render immediate aid as may be required at the time for my child's health and safety. I understand medical expenses are my responsibility. By signing this form, I acknowledge that I am aware of the potential risk for participating in activities and programs of the SAC and agree in no way to hold the management, agents, or employees of the SAC liable for any injury that my child may sustain. I understand that all personal information and any medical information, is confidential and for the use of SAC staff only, and will not be released for any other purposes without my consent. This waiver is good for duration of the program.

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Child's Name	Parent Signature	Date
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