



Membership Agreement / Authorization

Instructions: Cast and Members under the age of 18 should complete this form with your parent or legal guardian, and they must sign with you, unless you are emancipated from your parents. In completing this form you understand that Denver Gay Men’s Chorus, Denver Women’s Chorus and Out Loud: The Colorado Springs Men’s Chorus are programs of Rocky Mountain Arts Association, and that Gravity Defied Theatre is a project of Rocky Mountain Arts Association. In this document, “Rocky Mountain Arts Association” or “RMAA” refers to both Rocky Mountain Arts Association and our programs and projects, and that the words “staff,” “volunteers,” and “cast” refer to both Rocky Mountain Arts Association and our programs and projects.

Participant’s Name (Please Print Full Name):

I, the undersigned participant, wish to participate (or, if under 18, parent/legal guardian of the above-named participant gives permission for the above-named to participate) in all activities of Rocky Mountain Arts Association, including but not limited to, attending rehearsals, singing in concerts and performances in public locations and wearing of Rocky Mountain Arts Association logo clothing.

If I am a passenger in a private motor vehicle (or, if under 18, my child has my permission to be a passenger in a private motor vehicle) driven by Rocky Mountain Arts Association staff or volunteers (including other cast members), I understand that Rocky Mountain Arts Association is not liable for any damages/injury arising from the operation of said private motor vehicle, and that Rocky Mountain Arts Association does not carry insurance to cover damages/injury arising from or related to the operation of any motor vehicle. I understand that it is the responsibility of the owner of any motor vehicle in the state of Colorado to carry their own insurance with appropriate coverage. Rocky Mountain Arts Association members may choose to ride in a private motor vehicle of other Rocky Mountain Arts Association members, and do so at their own risk and in compliance with Colorado state law regarding minor drivers, if applicable.

I give my approval (or, if under 18, parent/legal guardian of the above-named participant gives approval) to be documented by audio, video and still photography for publicity and documentary purposes and for use on Rocky Mountain Arts Association and/or Facebook sites. I waive all rights to wages or royalties that might otherwise be expected as a result of the creation and use of these recordings and images.

Signature: _____ Date: _____

If under 18:

Parent/Legal Guardian Name (Please Print): _____

Signature: _____ Date: _____



Medication and Treatment Authorization

Instructions: Cast and members under the age of 18 should complete this form with your parent or legal guardian, and they must sign, unless you are emancipated from your parents.

Please Print!

Full Name: _____ Birth Date: ___/___/___

If under 18, Parent or Legal Guardian's Name: _____

If you have health insurance:

Insurance Company: _____ Group Number: _____

Policy Number: _____ Phone Number: _____

Policy Holder's Name: _____

Physician: _____ Phone Number: _____

Please list any special health problems, food or other allergies and expected reactions:

Please list any medications being taken:

I give my permission for dispensing over the counter medicines (Tylenol, Tums, Ibuprophen, etc.) as deemed necessary by Rocky Mountain Arts Association staff or volunteers: **Yes** **No**

In the unlikely event that the participant becomes ill or is injured and the parent/guardian or the authorized physician named above cannot be immediately contacted at the time of the emergency, and if in the judgment of the staff or volunteers of Rocky Mountain Arts Association, immediate observation or treatment is necessary, I authorize and direct that the participant be sent (properly accompanied) to the hospital or physician most easily accessible. I release Rocky Mountain Arts Association from any claim of liability in connection therewith.

Parent or Legal Guardian Signature Date: ___/___/___



**Cast / Member Information Form
Please Print**

Member Name	
Age	
Full Birth Date	
Mailing Address Street	
City, State, Zip	
Phone Number 1 – specify if home, cell or work	
Phone Number 2 – specify if home, cell or work	
Email Address	
Best way to reach you – phone or email?	

Emergency Contact Information

Emergency Contact #1 Name	
Phone One	
Phone Two	
Relationship to Member	

Emergency Contact #2 Name	
Phone One	
Phone Two	
Relationship to Member	