SAFETY WAIVER \*2021

With your signature, you consent as follows:

I, guardian/parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand and **give full permission** for my child/children to attend the 'Stage Expressions' theater camp on July 12-15th, 2021 @ Trinity Lutheran School, 10729 W Friestadt Road, Mequon, WI.

I understand that cleansing and safety precautions will be taken before and during camp hours. I also understand that masks are **not required** to be worn by children or camp leaders, nor can the staff guarantee that children will be spaced 6 feet apart for activities.

I understand person to person contact will take place during the rehearsals and the performance at week's end.

Should my child get sick or injured, I will not hold Wendysue Fluegge or Trinity Lutheran School liable.

\*Be aware of the following health issues/medications/allergies of my child/children:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Consent Signature of Parent X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct questions / concerns to Wendysue Fluegge @ 414-379-4361 www.wendysue.com

