



**THE MAJESTIC**  
**Academy of Dramatic Arts**  
The very best in theatre, music, and dance education

# WELCOME!

## 2016

## Thank you for your interest in The Majestic Academy of Dramatic Arts

On the following pages you will find all of the forms needed to register for The Majestic Academy of Dramatic Arts (MADA) 2016 Summer Theatre Camps. We ask that you be thorough in filling out these forms to facilitate processing by The Majestic staff. We cannot register students unless we receive all forms; incomplete submissions will be returned and will hold up your registration. You may also register online; you do not need to submit these forms if you register online.

Please be sure to return all of the following forms:

- REGISTRATION FORM
- MEDIA RELEASE & LIABILITY WAIVER
- EMERGENCY FORM
- COPY OF BIRTH CERTIFICATE (*new campers only*)

Thank you for your patience in filling out these forms. We are trying very hard to get all paperwork completed prior to the start of each session. This will allow the staff to spend their time working with the students once the session begins.

Please mail all forms, including payment to:

THE MAJESTIC ACADEMY OF DRAMATIC ARTS  
c/o Majestic Theatre  
922 Elm Street - Suite 315  
Manchester, NH 03101

Once we receive your completed information you will receive a confirmation notifying you that your registration is complete. We are unable to accept emailed or faxed forms at this time, however you may drop off the forms at our office (Tuesday thru Friday 9am-5pm)

Thanks again for your interest; you may email any questions to [karen@majestictheatre.net](mailto:karen@majestictheatre.net)  
The Majestic Theatre Office: (603)669-7469

# The MAJESTIC ACADEMY - REGISTRATION FORM

## 2016 Summer Theatre Camps

### \*\*\*PARTIAL SCHOLARSHIPS ARE AVAILABLE\*\*\*

Please fill out the general information below. All information is strictly confidential and will not be distributed in any way without prior consent. Please fill out a separate form for each child you have participating. You may also register online; you do not need to submit these forms if you register online and pay your fee.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_  
 Current Grade: \_\_\_\_\_ School/Town: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 Parent / Guardian: \_\_\_\_\_  
 Street Address/Town/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

T-SHIRT SIZE: YouthSm\_\_ YouthMed\_\_ YouthL\_\_ AdultSm\_\_ AdultMed\_\_ AdultL\_\_ AdultXL\_\_

<p><b><u>SESSION ONE: JULY 11-16, 2016</u></b>  <b>DINOSAURS (25 slots)</b>                  ___ (5-7yrs 1/2 day) / \$150.00</p>	<p><b><u>SESSION TWO: JULY 18-30, 2016</u></b>  <b>SIMPLY SEUSS! (25 slots)</b>                  ___ (5-7yrs 1/2 day) / \$200.00  <b>ROCKIN TALE of SNOW WHITE (30)</b>                  ___ (8-14yrs full day) / \$300.00</p>	<p><b><u>SESSION THREE: AUGUST 1-13, 2016</u></b>  <b>KING MIDAS/PALACE GOLD (21)</b>                  ___ (8-14yrs full day) / \$300.00</p>
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*Multiple Camps OR Sibling Discount 10% off\*\** - \$ \_\_\_\_\_  
*SCHOLARSHIP AMOUNT REQUESTED\*\*\** - \$ \_\_\_\_\_  
**TOTAL DUE/ENCLOSED:** \$ \_\_\_\_\_

How did you hear about The Majestic's Camps? \_\_\_\_\_

**\*\*A maximum discount of 10% may be applied if you are registering more than one child or if one child enrolls in 2 or more camps. (May NOT be combined for a 20% discount).**

**\*\*\* To request scholarship assistance please complete the separate application form (download from [www.majestictheatre.net](http://www.majestictheatre.net) or call to have an application mailed to you).**

*Method of payment:*    \_\_\_ CHECK    \_\_\_ CREDIT CARD *(please fill in the following):*

*Type of Card:* \_\_\_\_\_

*Card Number:* \_\_\_\_\_ *VIN* \_\_\_\_\_

*Expiration Date:* \_\_\_\_\_ *Signature:* \_\_\_\_\_

*Feel free to call us at 669-7469 to make a credit card payment over the phone*

Please realize that we can only accept a certain amount of children into each session (see "slots" above). Your space is reserved once we receive your payment and notify you of your acceptance into the program. Cancellations and refunds will be granted up to 30 days before the start of each session; the registration cost will be reimbursed minus a \$25.00 non-refundable fee.

dated: \_\_\_\_\_, 2016                      Parent or Legal Guardian: \_\_\_\_\_

*Thank you for your interest in the Majestic Academy of Dramatic Arts ~ PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS*

# THE MAJESTIC THEATRE

## MEDIA RELEASE

I request to participate in theatrical production activities provided by The Majestic Academy of Dramatic Arts (“MADA”), including but not limited to, the participation in lessons, rehearsals, and performances of final productions, whenever such activities may occur (the “Theatre Activities”) conducted by MADA, The Majestic Theatre, Ted Herbert Building, and all of their respective employees, members, volunteers, directors, officers, laborers and agents (collectively, the “Releasees”).

IN CONSIDERATION of being provided access to certain premises located at 922 Elm St. Manchester, New Hampshire and all other areas where Theatre Activities occur (collectively, the “Premises”) and being permitted to use equipment, sets, props, and costumes owned by any of the Releasees, the Participant, for himself or herself, and his or her personal representatives, heirs and next of kin, intending to be legally bound hereby, acknowledges, agrees and represents as follows:

I hereby grant any and all of the Releasees, and their successors, assigns, licensees, employees, agents, representatives, affiliates and vendors the absolute right, permission and irrevocable consent to use photographic portraits, videos or pictures of me for any purpose whatsoever, without restriction and without further compensation to me, throughout the world, whether apart from or in connection with, or illustrative of, any written matter, story, or news items, or for trade or advertising, or for any other purpose, in any medium, in color or otherwise, negative or positive, mechanical or electronic.

I understand that the images may be altered and I hereby waive any right that I may have to inspect and approve the finished photographic portraits, videos or pictures, the advertising or other copy that may be used in connection therewith, or the use to which such photographic portraits, videos or pictures may be applied.

I hereby represent and warrant that I have read the foregoing Release prior to its execution and I am fully familiar with and understand the terms thereof.

I have executed this Release as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

If Participant is an adult (18+) at time of registration:

Printed Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

If Participant is a Minor (under age 18 at the time of registration):

Printed Name of Guardian: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_

PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS

# THE MAJESTIC THEATRE

## WAIVER AND RELEASE OF LIABILITY

I request to participate in theatrical production activities provided by The Majestic Academy of Dramatic Arts (“MADA”), including but not limited to, the participation in lessons, rehearsals, and performances of final productions, whenever such activities may occur (the “Theatre Activities”).

NOW, THEREFORE, I HEREBY KNOWINGLY AND VOLUNTARILY EXECUTE THIS WAIVER AND RELEASE OF LIABILITY as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (participant’s name) (hereinafter the “Participant”) of \_\_\_\_\_ (town, state) to MADA, The Majestic Theatre, Ted Herbert Building, and all of their respective employees, members, volunteers, directors, officers, laborers and agents (collectively, the “Releasees”).

IN CONSIDERATION of being provided access to certain premises located at 922 Elm St. Manchester, New Hampshire and all other areas where Theatre Activities occur (collectively, the “Premises”) and being permitted to use equipment, sets, props, and costumes owned by The Majestic Theatre or others, the Participant, for himself or herself, and his or her personal representatives, heirs and next of kin, intending to be legally bound hereby, acknowledges, agrees and represents as follows:

1. Release and Covenant Not to Sue. The Participant hereby releases, waives, discharges and covenants not to sue the Releasees from and for any and all liability to Participant and the Participant’s personal representatives, assignees, heirs and next of kin, for any and all loss or injury to the person or property of the Participant in connection with Theatre Activities, including the death of the Participant, whether caused by the negligence of Releasees or otherwise, while on the Premises.
2. Indemnification. The Participant hereby agrees to indemnify and save and hold harmless and defend the Releasees, and each of them, from any loss, liability, damage or cost Participant might incur as a result of the Participant’s presence on the Premises, participation in Theatre Activities, including, but not limited to, attorneys’ fees. The Participant will indemnify, defend, save and hold harmless the Releasees, and each of them, from any claims or injuries to any property belonging to the Releasees, or any of them, and for any injuries to any third party or the property of any third party, resulting from the Participant’s presence on the Premises, including all attorneys’ fees incurred by any of the Releasees.
3. Scope of Release and Indemnity. The Participant expressly agrees that the indemnification Participant provides to Releasees in this Waiver is intended to be as broad and as inclusive as is permitted by the law of the state of New Hampshire.
4. Assumption of Risk. The Participant knowingly and freely assumes all risks, both known and unknown, associated with Theatre Activities on the Premises, EVEN IF ARISING FROM THE NEGLIGENCE of the Releasees or others and Participant assumes full responsibility for his or her Participation in Theatre Activities on the Premises.
5. Medical Treatment. Should the Participant suffer injury or illness while participating in Theatre Activities, I authorize any Representative of the Majestic Theatre or MADA, and in particular, any teacher, staff person, or other designee supervising the Participant, to **authorize such medical attention** for the Participant as may be deemed appropriate by such Representative of the Majestic Theatre or MADA under the circumstances. I agree to bear the costs of all medical care and procedures required by the Participant and to maintain appropriate medical insurance coverage for the Participant while on participating in Theatre Activities.

6. Governing Law. This Agreement shall be governed by, construed and enforced in accordance with the laws of the State of New Hampshire without regard to conflict of laws provisions. The parties hereby agree to submit to personal jurisdiction within the State of New Hampshire and further agree that the exclusive venue for resolving disputes between them shall be in state or federal court in the State of New Hampshire.

7. Modification. Any modification of this Agreement or additional obligation assumed by either party in connection with the Agreement shall be binding only if evidenced in a writing signed by each party or an authorized representative of each party.

8. Severability. The invalidity of any portion of this Agreement will not and shall not be deemed to effect the validity of any other provision. In the event that any provision of this Agreement is held to be invalid, the parties agree that the remaining provisions shall be deemed to be in full force and affect as if they had been executed by both parties subsequent to the invalid provision being expunged.

9. Entire Agreement. This agreement contains the entire agreement of the parties regarding the within subject matter and supersedes all prior written or oral understandings pertaining to any of the subject matter hereof.

10. Limitation of Actions. Any action or claim brought against Releasees, or any of them, in connection with this Waiver and Release of Liability must be brought within one (1) year of the date that the loss or injury giving rise to such claim occurs.

11. Independent Analysis And Binding Authority. I HAVE CAREFULLY READ THIS WAIVER AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I FURTHER ACKNOWLEDGE AND AGREE THAT I HAVE HAD AN OPPORTUNITY TO CONSULT WITH COUNSEL OR ANOTHER ADVISOR OF MY CHOICE PRIOR TO EXECUTING THIS RELEASE AND WAIVER OF LIABILITY. I ACKNOWLEDGE AND AGREE THAT THIS WAIVER AND RELEASE OF LIABILITY SHALL BE BINDING UPON MY SURVIVORS, HEIRS, SUCCESSORS, AND ASSIGNS. I AM AWARE THAT THIS WAIVER AND RELEASE OF LIABILITY IS NOT LIMITED TO SPECIFIC PERFORMANCES OR ACTIVITIES, AND WILL COVER ANY THEATRE ACTIVITIES THAT OCCUR AT ANY TIME. I AM AWARE THAT THIS WAIVER AND RELEASE OF LIABILITY IS A RELEASE OF LIABILITY, INCLUDING BUT NOT LIMITED TO, LIABILITY FOR NEGLIGENCE, AND A HOLD HARMLESS AGREEMENT, AND I SIGN IT OF MY OWN FREE WILL.

X \_\_\_\_\_  
(Participant's Signature - only if 18+)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Participant's Name - only if 18+ Please Print)

\_\_\_\_\_  
(Name of Parent or Guardian if Participant is a Minor - Please Print)

**FOR PARTICIPANTS OF MINORITY AGE  
(UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in the Theatre Activities as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES.

X \_\_\_\_\_  
(Parent's/Guardian's Signature)

\_\_\_\_\_  
(Participant's Name)

**Emergency Contact Information**

Name: \_\_\_\_\_ (daytime phone number) (\_\_\_\_\_) \_\_\_\_\_ (home/work/cell)

Name: \_\_\_\_\_ (daytime phone number) (\_\_\_\_\_) \_\_\_\_\_ (home/work/cell)

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