CHICAGO
SHAKESPEARE
THEATER

To the Teacher: Before distributing to students, please clearly mark your team's scheduled events.

Chicago Shakespeare Slam 2026

CONSENT FORM (FOR STUDENTS 18 YEARS OR OLDER BY SEPTEMBER 1)

I understand that participation in this program requires students to attend the following events:

Team Workshops at a Chicago Shakespeare Theater:

☐ October 3, 9:00 a.m. – 1:00 p.m., Chicago Shakespeare Theater, 800 E Grand Ave, Chicago, IL 60611

Team rehearsals at school, under the supervision of the Teacher Coach

One Saturday "Regional Bout" in the Chicagoland-area (checked below):

☐ Saturday, November 14, 9:00 a.m. -- 1:00 p.m.,Chicago Shakespeare Theater, 800 E Grand Ave, Chicago, IL 60611
☐ Tuesday, November 17, 9:00 a.m. – 1:00 p.m.,Chicago Shakespeare Theater, 800 E Grand Ave, Chicago, IL 60611

The "Final Bout" at Chicago Shakespeare Theater (*ALL participants attend*)

☐ Monday night, December 7, 6:00 p.m. – 9:00 p.m., Chicago Shakespeare Theater on Navy Pier

(PLEASE PRINT CLEARLY)

Your full name _____ Your grade level _____

Address _____ City _____ Zip _____

Emergency Contact #1	Emergency Contact #2
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Day Phone: _____	Day Phone: _____
Evening Phone: _____	Evening Phone: _____

Additional Information
Please list any additional information that you would like to share with the Education Department at Chicago Shakespeare Theater, such as food allergies or accommodations.

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OVER FOR MORE ⟶

I understand that I was selected by my teacher to participate in this program, and I agree to the time commitment this program will require. I understand that travel arrangements to the places where events take place will be arranged and agreed upon with my teacher. I understand that while at Chicago Shakespeare Slam events, students will be under the supervision of their accompanying teacher/s, as well as Chicago Shakespeare Theater personnel.

I hereby consent to be photographed, videotaped, audio-taped, and/or interviewed by Chicago Shakespeare Theater, or the news media in conjunction with my participation in the Chicago Shakespeare Slam. I also consent to Chicago Shakespeare Theater's use of my photograph or likeness or voice on the Internet, including on Chicago Shakespeare Theater's social media platforms, or any other electronic/digital media or print media.

Your Name (Printed) _____

Your Signature _____ **Date** _____