

CHICAGO SHAKESPEARE THEATER

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

Chicago Shakespeare SLAM

PARENT/GUARDIAN CONSENT FORM

I hereby give permission for my child,

_____, to participate in the Chicago Shakespeare Slam.

(Print child's full name)

I understand that participation in this program requires my child 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 "Preliminary Bout" at the Chicago Shakespeare Theater (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 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)

Student's full name _____ Student's grade (in 2026-27) _____

Parent/Guardian full name _____

Address _____ City _____ Zip _____

Parent/Guardian phones: (Cell) _____ (Work) _____

(Home) _____ (Other) _____

Alternate Emergency Contact Information

Please provide information for one additional contact who can be notified if we are unable to reach you in an emergency.

Alternate Contact name: _____ Relationship: _____

Phones: (Cell) _____ (Work) _____ (Home) _____

OVER FOR MORE



I understand that my child was selected by their teacher to participate in this program, and that, as their parent, 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 their 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. On behalf of my child and myself, I accept the risks.

I hereby consent to have my child photographed, videotaped, audio-taped, and/or interviewed by Chicago Shakespeare Theater, or the news media in conjunction with his/her participation in the Chicago Shakespeare Slam. I also consent to Chicago Shakespeare Theater's use of my child's photograph or likeness or voice on the Internet or on an educational CD, or any other electronic/digital media. As the child's parent or legal guardian, I agree to release and hold harmless Chicago Shakespeare Theater, their trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's creative work, photograph, likeness or voice on television, radio or motion pictures, or in the print medium, or on the Internet or any other electronic/digital medium. It is understood and I do agree that no monies or other consideration in any form will become due to me, my child, our heirs, agents, or assigns at any time because of my child's participation in any of the above-described use of my child's creative work, photograph, likeness or voice.

Signature of Parent/Guardian _____

Date _____

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 special accommodations.