

Sycamore Tree Theatre Safety Policy Consent

I signify that I have read, understand, and will abide by Sycamore Tree Theatre's Safety Policy. I understand that failure to abide by the behavior and activity standards as written may result in my being prohibited from involvement in any activity connected with Sycamore Tree Theatre.

I also give Sycamore Tree Theatre permission to conduct a criminal background check as described in the Safety Policy.

Name (signed): _____

Date: _____

Name (printed): _____

Phone: _____

Email: _____