

**SPECIAL WAIVER REQUEST FOR ENTERTAINMENT PERFORMANCES**

NAME OF MINOR: \_\_\_\_\_

PERMIT FILE NUMBER: \_\_\_\_\_

Describe the activity requiring a special waiver:

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

What date(s) and time(s) is this waiver request for:

\_\_\_\_\_

Why is it necessary to the artistic integrity of the performance:

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

**I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THAT ACTIVITY WILL NOT IMPAIR EDUCATIONAL, INSTRUCTIONAL, OR HEALTH AND SAFETY OF THE MINOR INVOLVED WITH THIS PERFORMANCE.**

**EMPLOYER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE RETURN TO:**  
**Bureau of Labor Law Compliance**  
**651 Boas Street, Room 1301**  
**Harrisburg PA 17121-0750**  
**Telephone: 800-932-0665**  
**FAX: 717-787-0517**  
**Email: ra-li-slmr-llc@pa.gov**

**THIS FORM MUST BE SUBMITTED AT LEAST 48 HOURS IN ADVANCE OF THE TIME NEEDED FOR THE WAIVER.**