

**SPECIAL WAIVER REQUEST FOR  
ENTERTAINMENT PERFORMANCES**

- **This request must be submitted 48 hours in advance of the time needed for the waiver.**
- **A waiver, if approved, is valid only for listed date(s) and time(s).**
- **Attach additional pages if necessary.**

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

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

Specifically describe the activity requiring a special waiver:

Provide the date(s) and time(s) needed for this waiver request:

Explain why a waiver is necessary to preserve the artistic integrity of the performance:

Describe measures being taken to protect the minor's educational instruction and health and safety:

THE UNDERSIGNED VERIFY THAT THE STATEMENTS IN THIS REQUEST ARE TRUE AND CORRECT TO THE BEST OF THEIR PERSONAL KNOWLEDGE OR INFORMATION AND BELIEF AND THAT THIS ACTIVITY WILL NOT IMPAIR THE EDUCATIONAL INSTRUCTION HEALTH OR SAFETY OF THE MINOR. THE UNDERSIGNED UNDERSTAND THAT FALSE STATEMENTS ARE SUBJECT TO THE PENALTIES OF 18 Pa.C.S. § 4904 (RELATING TO FALSE STATEMENTS TO AUTHORITIES).

NAME OF EMPLOYER: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYER'S REPRESENTATIVE NAME AND TITLE: \_\_\_\_\_

EMPLOYER'S SIGNATURE: \_\_\_\_\_

PARENT OR GUARDIAN'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT OR GUARDIAN'S SIGNATURE: \_\_\_\_\_

**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**  
**E-Mail: [ra-li-simr-lic@pa.gov](mailto:ra-li-simr-lic@pa.gov)**

Auxiliary aids and services are available upon request to individuals with disabilities.  
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