



## Injury Release / Waiver

I (print name) \_\_\_\_\_ understand that I am participating in the activities required for an audition, rehearsal and performance in a musical or dramatic theatre production and such participation involves risks of injury or other harm to me and other participants. In particular, I understand that my participation in may result in serious physical injury or even death. I am assuming all such risks knowingly and voluntarily, including but not limited to those risks associated with my own physical condition.

Participation is subject to rules & policies of Studio Z. Violation of one or more rules and policies may, at the option of Studio Z, result in the dismissal from participation in any Studio Z activity. No refunds will be issued.

**I will not hold the Studio Z, its trustees, officers, employees, and/or agents responsible for any injury or harm to me that results from my participation unless those persons cause the injury or harm intentionally, or by their gross negligence. I further agree to indemnify and hold harmless Studio Z, their employees, and representatives from liability for the injury of any person(s) including myself and damage to property that may result from my negligent or intentional act or omission while participating in the described activity. STUDIO Z MAKES NO WARRANTIES EXPRESSED OR IMPLIED ABOUT THE CONDITION OR FITNESS FOR USE OF ANY RENTED FACILITIES OR EQUIPMENT. THE EQUIPMENT AND FACILITIES ARE MADE AVAILABLE TO ME AS IS AND I USE THEM AT MY OWN RISK.**

I HAVE READ AND UNDERSTOOD ALL OF THE ABOVE. ALL INFORMATION GIVEN BY ME ABOVE IS COMPLETE, CORRECT AND TRUE. I UNDERSTAND THIS IS A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION. I HAVE SIGNED THIS DOCUMENT FREELY AND VOLUNTARILY.

\_\_\_\_\_  
Participant (signature)

\_\_\_\_\_  
Parent/Guardian (signature)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

### RELEASE TO USE IMAGES and LIKENESS

Occasionally, Studio Z, or its representatives, takes photographs or make audio or videotaped recordings of students and/or adults involved in our activities. Such photographs or video recordings may be used by staff and participants to remember the activities and participants. Local news organizations may hear of our activities or events, and our organization may invite or allow them to photograph or record our events for news reporting on special interest features.

Your signatures below are your consent to the use of any such audio or visual record of the student to be used, distributed, or displayed as agents of the organization see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, your signature gives permission for the student to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

In addition, you understand that such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about Studio Z activities; that these images may also be used by STUDIO Z or its agents to promote the organization; and that Studio Z may also make these materials available for sale to the public.

\_\_\_\_\_  
Participant (Signature)

\_\_\_\_\_  
Parent/Guardian (Signature)