

ASSUMPTION OF RISK



ASSUMPTION OF RISK and GRANT OF RIGHTS RELEASE FORM

Thank you for your interest and participation in a Class Act Theater production. Please review the information provided below, sign and return this form with additional information requested.

Failure to submit a signed copy of this form will result in dismissal from any and all programs with Class Act Theater.

I, _____, understand, agree, and freely choose, that I am participating in production work that naturally may result in physical harm and /or injuries to my person. I understand and agree that I will assume all risks of any such injury that may result from the participation in the production offered by Class Act Theater. I further understand and agree that I, my heirs and assigns will forever hold harmless Class Act Theater its trustees, representatives, employees, agents and assigns, from any and all injuries, of any kind whatsoever, to me which might result from my participation in the production offered by Class Act Theater.

I understand and agree that Class Act Theater reserves the right to dismiss me from participation in the production due to lack of participation, excessive absence, or disciplinary problems, as determined solely by Class Act Theater.

I understand and agree that pictures, videos and recordings (hereinafter collectively referred to as "recordings") may be taken of me before, after, or during my participation in the production. I hereby grant Class Act Theater the authority to display or otherwise use my image, voice/and or likeness and to use such recordings for any purpose, at Class Act Theaters' sole discretion. I understand and agree that I will not seek any remuneration of any kind from Class Act Theater in the event that Class Act Theater uses such recordings.

We have taken enhanced health and safety measures at Class Act Theater for our students, artists, patrons, and staff. I acknowledge I and/or my child must follow all instructions regarding drop-off and pick-up procedures as well as posted instructions while at the Class Act Studios for classes and performances. I also acknowledge that an inherent risk of exposure to COVID-19 exists in any public place where people are present. By attending or enrolling myself or my child in classes and/or performances, I voluntarily assume all risks related to exposure to COVID-19.

I indicate by my signature below that I have read the terms and conditions of participation and agree to abide by them.

Signature _____

Date _____

Parent/Guardian _____

Date _____

(Required for 17 years & under)

This form should be signed and turned in on or before the first rehearsal.

CLASS ACT PRODUCTIONS

EMERGENCY INFORMATION FORM

GENERAL INFORMATION

NAME: _____

STUDENT CELL (IF APPLICABLE): _____

EMAIL: _____

BIRTHDAY: _____

EMERGENCY INFORMATION

PERSON TO NOTIFY: _____

RELATIONSHIP: _____

PHONE NUMBER(S): _____

ALLERGIES (INCLUDING FOOD): _____

This information is private, and will not be publicly shared