



# Act One Theatre Camp Liability Release Form

I (The individual, undersigned parent, and/or legal guardian) do hereby acknowledge that I am aware of the dangers and risks to the participant's person and property involved in participating in Act One Theatre Camp's activities. I also understand that there are potential risks of which may presently be unknown.

Due to the activities associated with this program, I recognize the importance of, and the participant agrees to fully comply with, the applicable laws, rules and regulations, and any supervisor's instructions regarding participation in these activities.

I acknowledge that the participant voluntarily elects to participate in these activities with knowledge of the danger involved, and hereby agree to accept and assume any and all risks of property damage, personal injury, or death.

### Waiver of Liability and Indemnification

In order to be allowed to voluntarily participate in the Act One Theatre Camp program, on behalf of myself, the participant, his/her/their personal representatives, heirs, next of kin, successors and assigns, the individual, undersigned parent, and/or legal guardian forever:

1. Waves, releases, and discharges Act One Theatre Camp, their parent company (Skewed Evans Productions), and all of their agencies, officers, and employees from any and all liability for the participant's death, disability, personal injury, property damage, property theft, or claims of any nature which may hereafter accrue to the participant, and the participant's estate as a direct or indirect result of participation in the program.
2. Defend, indemnify, and hold harmless Act One Theatre Camp, and their parent company (Skewed Evans Productions), and all of their agencies, officers, and employees from and against any and all claims of any nature including all costs, expenses, and attorneys' fees which in any manner result from participant's actions during the program.
3. Give consent for the participant to receive medical treatment, which may be deemed advisable in the event of injury, accident, or illness during the course of the program.

I, the undersigned parent and/or legal guardian, affirm that I am freely signing this agreement, that I have fully read this form, and that I fully understand it.

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Participant's Name

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Participant's Age

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Participant's Parent/Guardian PRINTED NAME

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Participant's Parent/Guardian SIGNATURE

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Date