

ARTS & LEARNING CONSERVATORY
Consent Form

Release of Liability: As consideration for my child (or children), as a cast member, or myself as a volunteer or cast member, being permitted by **ARTS & LEARNING** to participate in these activities, I hereby agree that I, my spouse, children, assignees, heirs, distributes, guardians, and legal representatives will not make a claim against, sue, or attach the property of **ARTS & LEARNING**, or any agent, employee, or member thereof, for injury or damage to my child (or children) or self, whether resulting from the negligent acts, or howsoever otherwise caused, as a result of our participation in _____ (name of show or class).

I hereby assume all risks of personal injury (including death) and property damage that may result from any **ARTS & LEARNING** activity. As parent/guardian, I do hereby release and agree to indemnify, defend, and hold harmless the **ARTS & LEARNING AND THEIR DIRECTORS, ASSOCIATES, AND INDEPENDENT CONTRACTORS** and all participants in the **ARTS & LEARNING** program from and against all liability, including claims and suits at law or in equity, for damages or injury, fatal or otherwise, that I, my spouse, children, assignees, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my child's (or children's) participation in _____ (name of show or class).

Photography and Copyright Release: I hereby grant the right and give permission to **ARTS & LEARNING** and their agents and assigns, to use, publish and copyright, reproduce, in any form, all photographs (including, but not limited to stills, slides and overhead transparencies), video footage and digital images of _____

(*PRINT* Participant's Name)

in **ARTS & LEARNING** publications and video productions for advertising and promotional purposes. The undersigned waives his/her right to the use and ownership of said photographs, video footage and digital images for the above stated purposes.

Parent/Guardian Signature: _____ Date: _____

Please print the names of cast members (Your signature signifies your agreement with the conditions above.)

Name: _____
Parent or Guardian – Please Print **Date**

Name: _____
Parent or Guardian Legal Signature **Date**

Cast Member Name: _____

Cast Member Name: _____