

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

EMERGENCY CONTACT NAME _____

Phone _____

I understand and choose to fully assume any risks involved in volunteering or participating in this activity of the Maumee Valley Civic Theatre (MVCT). In consideration of allowing my participation in this activity I hereby agree to indemnify and hold harmless MVCT, it's officers, trustees, employees, and other participants from any claim or any injury- psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity, and I waive any claim of any kind based upon my participation.

I irrevocably agree to allow MVCT and the event organizers to use my name, image, or likeness for publicity or other legitimate purposes. I hereby certify that I have read this document and I understand its contents, which shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

In case of emergency, I authorize MVCT to alert my emergency contact named herein, and that if the emergency contact cannot be located timely, I authorize MVCT to act to alert providers of emergency services and authorize treatment from such persons on my behalf, and I agree to waive and hold harmless anyone acting to reasonably safeguard my wellbeing at this activity.

I acknowledge that I have carefully read this "waiver and release" and fully understand that it is a release of liability.

Signature _____ Date _____

Printed Name _____

PARENT / GUARDIAN WAIVER FOR MINORS

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Signature of parent/guardian _____ Date _____

Printed Name _____

Relationship to Minor: _____