



ACCIDENT WAIVER AND RELEASE OF LIABILITY

NAME OF PROGRAM: Teen Summer Spotlight Program

DATE OF PROGRAM: June 19th – June 30th, 2023

By signing this Waiver, I assume all risk of my child and/or myself participating in the above program, Teen Summer Spotlight Program. Without signing this form, neither myself nor my child will be able to participate in the summer program. I acknowledge that the above program may pose some risk of personal injury and that I undertake and assume this risk for myself and my child. On behalf of myself and my child, I further waive and release all Artist Lab and Prospect Theater Project summer staff, guest instructors, as well as The Prospect Theater, its Board of Directors and employees, from any and all liability, including, but not limited to, liability arising from negligence or fault of the entities or persons for any injury or disability which may occur as a result of my or my child's participation in the above program. I am assuming all risks on behalf of myself and my child that may arise from negligence or carelessness on the part of any of the persons or entities being released, as well as from defective equipment, real property or personal property that is owned, maintained or controlled by Artist Lab and Prospect Theater Project.

I CERTIFY THAT MY CHILD AND MYSELF ARE PHYSICALLY FIT AND SUFFICIENTLY PREPARED FOR PARTICIPATION IN THE PROGRAM AND THAT THERE ARE NO HEALTH-RELATED REASONS OR PROBLEMS WHICH WOULD PRECLUDE THE PARTICIPATION OF MYSELF OR MY CHILD IN THE PROGRAM. I HAVE NOT BEEN ADVISED OF ANY REASON WHICH WOULD LIMIT MY CHILD OR MYSELF IN PARTICIPATING IN THE PROGRAM.

I consent to receive any medical treatment deemed advisable for an injury to myself or my child during the program and that any medical or other insurance for myself and/or my child will be insurance of first resort before contribution by any other insurance for any other person or entity, including accidental death and dismemberment insurance and accident medical insurance.

I understand that I and/or my child may be photographed while participating in the program. I agree to allow my and my child's photo, video, or film likeness to be used for any legitimate purpose by Artist Lab and Prospect Theater Project.



I shall defend, hold harmless, and indemnify the parties from and against all losses, claims, damages, costs or expenses (including reasonable legal fees, or similar costs) in connection with any action or claim brought or made (or threatened to be brought or made), for, or on account of any injuries or damages, received or sustained by myself and/or my child arising during the course of the program.

This Agreement constitutes the sole and only agreement between the parties concerning my child's and my release and indemnification as a condition for participating in this Program. Any prior agreements, whether oral or in writing, shall be void and of no further effect. This Agreement may not be modified. I certify that I have read this document, and I fully understand its contents. I am aware that this is a release and indemnification of liability for myself and my child, and I sign it of my own free will.

Dated: _____

Participant's Name (Print) _____

Signature _____

Parent or Guardian of Minor (Print) _____

Signature _____