

ABBY REY STUDIOS

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Abby Rey Studios, LLC Waiver of Liability and Indemnification and Media Release

Film Combat Workshop

In consideration for being allowed to voluntarily participate in the above-referenced activity and or intramural event, on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I _____ forever waive, release, and discharge Abby Rey Studios, Bright Star Acting Academy and Impact Taekwondo, its agencies, officers, and employees from any and all negligence and liability for my death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct or indirect result of my participation in the above referenced activity or event; and defend, indemnify, and hold harmless Abby Rey Studios, Bright Star Acting Academy and Impact Taekwondo, its agencies, officers and employees, from any and all claims of any nature, including all costs, expenses, and attorney's fees, which may in any manner result from or arise. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law in the State of Nevada.

I give permission for Abby Rey Studios, LLC and Bright Star Acting Academy to photograph and/or video record me and use my image in the media for advertisement purposes and for the company's website and social media pages.

I, the undersigned participant, affirm that I am at least 18 years of age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am waiving my legal rights and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Email: _____