**PHOTO RELEASE** Date:

I hereby consent to and authorize the use and reproduction by Allen’s Community Theatre (ACT) of any and all photographs that have been taken of me and/or my child(ren) during this event, without compensation to me. All negatives and positives, together with the prints, are owned by ACT. ACT reserves the right to use these photographs in any of its print or electronic publications. I hereby acknowledge that I have read and understood the terms of this release.

Child’s name:

Parent Signature Printed Name

**Liability RELEASE**

STATEMENT OF RESPONSIBILITY AND WAIVER for

 Allen’s Community Theatre (ACT)

This is a legally binding Consent Form and Release of Liability made voluntarily by me, the undersigned Releaser, on my own behalf, and on the behalf of my heirs, executors, administrators, legal representatives and assigns to ACT.

The undersigned hereby acknowledges that participation in the above named activity involves inherent risk of physical injury and assumes all such risk. The undersigned hereby agrees that for the sole consideration of ACT allowing my son/daughter to participate in the above named activity for which or in connection with which ACT has made available any equipment, facilities, grounds, or personnel for such programs or activities, the undersigned does hereby release and forever discharge ACT and the ACT Board, its members individually, and its officers, agents, and employees of any and all claims, demands, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injury, damage to property, and the consequence thereof, resulting from participation in or in any way connected with the above named activity.

I certify that my son/daughter is physically fit to participate in ACT Programs. I am aware of the inherent risks of participation in this activity, and I further state that ACT, and its staff will not be held liable for accident or injury, including preexisting illnesses or injuries as a direct or indirect result of participation in camp activities.

In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in camp activities. I authorize program staff to secure any licensed hospital, physician, ambulance, and/or medical personnel for treatment deemed necessary for the participant’s immediate care.

By the execution of this agreement, I agree that this release includes physical injury, death, property damage, or emotional harm caused by negligence of the employees, agents, officials and trustees of ACT when the law allows for a defense of immunity under the Recreational Property Act or any other applicable statute or law. I agree that this release does not include willful misconduct by ACT and their agents, employees, officials and trustees; however ACT is not liable for the criminal acts of third parties. Should ACT or anyone acting on their behalf be required to incur attorney’s fees and costs to enforce this agreement, I agree to indemnify and hold ACT, and anyone acting on their behalf, harmless for such fees and costs.

I have read the above carefully before signing and agree to be bound by its terms. Further, I understand that this agreement covers all ACT programs attended by the participant in this current year.

Parent or Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_