

THE CENTER



FOR ARTS, EVENTS, & COMMUNITY

Stage & Scene Shop Volunteer Accident Waiver and Release of Liability Form

In consideration of The Bartlesville Community Center (Event and Activity Holder) furnishing services and or equipment to enable me to participate in stage and scene shop work as a volunteer for BARTLESVILLE CIVIC BALLET (Producer & Lessee), during their productions between August 1, 2024 and – July 31, 2025, I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS VOLUNTEER WORK, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for any personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: BCB and/or their directors, officers, employees, volunteers, representatives, and agents, and the Bartlesville Community Center, sponsors, and volunteers;

B) INDEMNIFY, HOLD HARMLESS, and promise not to sue the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. I acknowledge that the Bartlesville Community Center and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve risks including, but are not limited to, those caused by facilities, condition of participants, equipment, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature

Date

Participant's Name / Age (Printed)

(If under 18 years old, Parent or Guardian must also sign.)