Mascoma Audio Visual

General Release Hold Harmless Agreement

I,	the student, participant, or parent/guardian if under 18), desire to				
participate in various programs, productions, events, or activities (hereinafter collectively referred to as an "Activity" or "Activities") operated or sponsored by Mascoma Audio Visual, (hereinafter referred to as the "MAV"). The student or participant understands and acknowledges that he or she may incur bodily damage or injury while participating in such activities.					
	and acknowledges that MAV will not allow the student activities without releasing and holding harmless the MAV ald Harmless Agreement.				
hereby release and forever discharge MAV, its board, or	em to participate in Activities and in consideration thereof agrees to officers, directors and employees and agents, and any parties ns, costs, expenses, or damages of any kind growing out of or ent or participant is involved.				
	acknowledges that this is a full and complete release for all astain as a result of his or her involvement in any MAV related				
I (the student, participant, or parent/guardian if under	18) have read, understand and agree to the above policy.				
SIGNATURE (Parent/Guardian if under age) DATI	 E				
PRINT PARTICIPANT'S FULL NAME STUI	DENT ID (If Applicable)				
PRINT PARENT/GUARDIAN NAME (if Applicable)	le)				
DRODUCTION TITLE					

Mascoma Audio Visual STUDENT PRODUCTION WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

ln cons	ideration of per	mission granted by			
hereina	after MAV	allowing me to p	oarticipate in		(the "Activity"),
which v	will occur on			_, I represent, covenan	t and agree, on the behalf of
myself	and my heirs, as	signs, and any othe	er person claimin	g by, under or through	me, as follows:
1.	appreciate) and and voluntarily participate in the	I that injuries, death incur all risks of ar ne activity, regardle I/or its trustees, aff	h, property dama ny injury, damage ess of whether or	ge or other harm could s, or harm which arise	me which I may not fully coccur to me or others. I accept during or result from my in part by the negligence or fault surers
2.	and unknown, we not caused in we	which arise during	or result from my he negligence or	participation in the Acother fault of any of the	osses or claims, whether known ctivity, regardless of whether or e Released Parties. I release and f
	I agree to indenexpenses (incluincurred by any arise during the or in part by the	nnify and hold the I ding but not limited of the Released Pa e result from my pa e negligence or faul read and reviewed	Released Parties I d to reasonable A arties to recover a rticipation in the It of any of the Re	narmless from all loss, attorneys' fees and other any losses, liabilities. con Activity, regardless of leased Parties.	liabilities, damages, costs or er litigation costs and expenses) ests, damages, or expenses which whether or not caused in whole as Agreement. I understand it fully
Execute	ed this	day of	, 20		
–––– Particij	oant Signature		Participant P	rinted Name	
Parent (if appl	or Guardian Sigi icable)	nature	Parent/Guar	dian Printed Name	
Mascon	na Audio Visual S	Signature	Representati	ve Printed Name	

Mascoma Audio Visual Representative Position/Title

Mascoma Audio Visual TALENT RELEASE

I,	, have agreed	to be photographed and/or recorded by
	_	rs shall own all rights of every kind in said
photography and/or recording. I a	ım granting a release to allow s	tudents, instructors, agents, or guests of the
MAV("MAV Persons") to record, i	film or videotape material and ,	or segments of a program featuring my
voice, image and property ("the M	laterial").	
I hereby grant the MAV Persons, t	their successors, licensees and	assign the nonexclusive right, built not the
obligation, to use the Material in c	onnection with and as part of t	he MAV program and for advertising,
promotional and publicity purpos	es.	
I hereby grant MAV Persons, their	r successors, licenses and assig	ns from and against any and all claims, causes of
action, suits, cost liabilities and da	mages whatsoever that I now o	or hereafter
may have against them in connect	ion with preparation, production	on and use of the Material.
I warrant that I am fully authorize	d to grant the rights described	in the letter.
Signature:		_ Date:
Print Name:		_
Parent/Guardian Signature (if min	nor):	
Address:		
Phone: ()	Alt. Phone: ()	
F-Mail:		

EMERGENCY CONTACT FORM

In case of any emergency, please list anyone who you would like us to contact and with whom you will allow us to share information about your location, situation, and needs.

Student Name:		
Division:		
	Emergency Contact #1	
Name:		
Relationship to you:		
Address:		
Cell Phone:		
Business Phone:		
Home Phone:		
Email:		
	Emergency Contact #2	
Name:		
Relationship to you:		
Address:		
Cell Phone:		
Business Phone:		
Home Phone:		
Email:		
Student Signature	Parent/guardian if under 18	Date

PRIVACY ACT NOTICE: We will use this information to contact individuals about you in the event of an emergency. In addition, we may share this information with law enforcement agencies and with emergency responders. You are not required to provide this information, but if you do not provide it, we may not be able to contact individuals about you in the event of an emergency.