

Celebrate Inc / Out Of The Shadows Theater Medical Release 2021

I am aware that participation with Out Of The Shadows Theater may have hazards which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the events take place. I fully accept and assume all such risks and all responsibility for losses, cost, and/or damages, I may incur because of my participation. I understand that I am participating in this program at my own risk.

I will adhere to all the guidelines, mandates and orders established by the Panhandle Health District regarding COVID-19.

I hereby release, discharge, and hold harmless Out Of The Shadows Theater, all staff, directors, administrators, and volunteers.

If during my participation in Out Of The Shadows Theater activities I should need emergency medical treatment and I am not able to give my consent or make my own arrangement for that treatment, I authorize Out Of The Shadows Theater to take whatever measures are necessary to protect my health and well-being, including if necessary, hospitalization.

I have read this "Release of Waiver and Liability, Assumption of Risk, and Indemnity Agreement" and fully understand it.

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Full Name of Actor / Shadow

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SIGNATURE OF Actor /Shadow/ Parent/ Guardian

DATE

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Emergency Contact Name (Print)

Relationship

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Emergency Contact Phone