

# Participant Release and Waiver of Liability

By signing this form, I, as parent/guardian, permit the Sapphire Theatre Company to use pictures of my child(ren) as a program participant in promotional literature, videos, and the Sapphire Theatre Company website. I understand my child(ren)'s name(s) will not be published.

I, as parent/guardian of \_\_\_\_\_ ("Child"), hereby assume all risks and hazards incidental to the conduct of the activities at Virtual Theatre Camp. My Child is fit for the program(s) in which I have enrolled him/her. I HERELY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS RELEASEES FROM EVERY CLAIM AND ANY LIABILITY THAT I OR MY CHILD MAY ALLEGE AGAINST RELEASEES (including reasonable legal fees and costs) AS A DIRECT OR INDIRECT RESULT OF INJURY OR DEATH TO ME OR MY CHILD BECAUSE OF MY CHILD'S PARTICIPATION IN ANY SAPPHIRE THEATRE COMPANY PROGRAMS, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASEES ON MY BEHALF OR ON BEHALF OF MY CHILD REGARDING ANY CLAIM ARISING FROM OR RELATED TO MY CHILD'S PARTICIPATION IN ANY SAPPHIRE THEATRE COMPANY PROGRAM(S). I ACKNOWLEDGE THAT, BY SIGNING THIS DOCUMENT, I AM RELEASING SAPPHIRE THEATRE COMPANY AND THEIR REPRESENTATIVES, EMPLOYEES, VOLUNTEERS, BOARD MEMBERS, SPONSORS, PROMOTERS, AND AFFILIATES (COLLECTIVELY "RELEASEES") FROM LIABILITY, AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS SIGN UP AND RELEASE FORM IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL ACTIVITIES IN WHICH MY CHILD ENGAGES DURING THE VIRTUAL CAMP AT SAPPHIRE THEATRE COMPANY, REGARDLESS OF WHETHER SUCH ACTIVITY IS A PART OF A FORMAL PROGRAM. I HAVE READ THIS RELEASE CAREFULLY BEFORE SIGNING. I UNDERSTAND WHAT THIS RELEASE MEANS AND WHAT I AM AGREEING TO BY SIGNING. I understand that no insurance coverage for participants in these activities is provided by the Sapphire Theatre Company. By registering for this program, I understand and agree that if a portion of the program is unable to be completed due to unforeseen circumstances under responsibility of the Sapphire Theatre Company, I will receive a prorated credit on my account for the uncompleted portion of the program. I also understand that no refunds or proration will be given for any other reason.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parent  Guardian

Name and age of Participant(s) (print):

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