

CB PRODUCTIONS

CONSENT AND RELEASE OF LIABILITY FORM

Name of Activity or Event: _____

Date(s) of Activity or Event: _____

Check One: Rehearsal Performance Volunteering

I acknowledge that my and/or my child's participation in this activity/event entails known and unknown risks that could result in physical or emotional injury, paralysis, death or damage to myself/my child, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Performing on stage involves the use of special equipment (lights, sound, sets) that can result in trips, falls, and other bodily harm. IN CONSIDERATION of my agreement with CB Productions, and permitting me/my child to participate in these programs, I hereby take action for myself/ my child(ren), heirs, next of kin as follows:

- (A) I CONSENT to the participation of myself/my child in CB PRODUCTIONS activities.
- (B) I WAIVE, RELEASE AND DISCHARGE CB Productions, staff, performers and volunteers from any and all liability, including but not limited to, liability arising from negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from and CB Productions rehearsals, classes, performances.
- (C) I WAIVE ANY CLAIMS AGAINST CB PRODUCTIONS and agree to HOLD HARMLESS and INDEMNIFY CB Productions, their directors, assistants, volunteers, and instructors from any and all liabilities or claims made as a result of participation in these programs, activities, or events whether caused by negligence or otherwise.
- (D) I ACKNOWLEDGE that CB PRODUCTIONS and their directors, assistants, representatives, volunteers and instructors are NOT responsible for the errors, omissions, acts, or failures to act of any party or the entity conducting a specific event or activity on behalf of CB PRODUCTIONS.

I agree as a volunteer/participant/parent or guardian of a minor participant, in consideration of participation, to grant CB Productions, its subsidiaries, related and affiliated entities, directors, and volunteers, the irrevocable right and permission to photograph and/or record me or my child(ren), without restriction as to alteration. I waive any right to inspect or approve the use of the photograph and/or recording and acknowledge and agree that the rights granted to this release are without compensation of any kind.

HEALTH CARE AUTHORIZATION: I hereby authorizes CB Productions staff or volunteers to do any acts which may be necessary or proper to provide emergency health care for myself/my child(ren) in the event that the I cannot be reached, including consent to and authorization of medical procedures by physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their sole discretion, may deem necessary. I understand that I am responsible for all costs and expense of such medical treatment.

Print Participant's Name

Age

Signature (if under 18 years old,
Parent or guardian must sign)

Date