



# Wayne County Performing Arts Council

## Release Form

### INFORMED CONSENT & RELEASE:

I recognize that my child's participation in any rehearsal, performance and any other activities offered as a part of WaCPAC's Theater program is not without some risk. I hereby certify that I know of no medical condition that would increase my child's risk of illness or injury as a result of participating in this program. In case of emergency, I consent to the administration of first aid and/or the dispatching of 911 emergency services.

I hereby release and hold harmless WaCPAC, its agents and independent contractors from any and all liability, damage, expense, causes of action, suits, claims or judgements, arising from injury, damage or loss, or claims of injury, damage of loss to me or my personal property which may arise.

I have read the entire informed Consent and Release and accept the conditions herein as a requirement to participation in this program.

Name of Participant: \_\_\_\_\_

Name of Parent/Legal Guardian : \_\_\_\_\_

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

### PHOTO & VIDEO RECORDING RELEASE:

I give permission to WaCPAC for publication of photos (Facebook, website, and brochure), video and recordings taken of my child while participating in any rehearsals, performances and any other activities offered as a part of *The Best Christmas Pageant Ever* production. I understand that I will not be paid any royalty or other compensations; and I relinquish any right I may have to any payment if my child's photo, video or recording is published.

I have read the entire Photo & Video Recording Release and accept the conditions stated herein as a requirement to participation in this program.

Name of Participant: \_\_\_\_\_

Name of Parent/Legal Guardian : \_\_\_\_\_

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