

Last Name: \_\_\_\_\_

## Release, Waiver of Legal Liability & Permission Form

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). I release Barbara Powers and/or other Drama Camp Team Leaders; and/or Woodburn Missionary Church; and/or The Academy of Arts; and/or All For One Productions, its directors, officers, employees, agents, and/or others acting on its behalf (collectively, the "Sponsor") as set out in this writing. I permit my child to participate in The Academy of Arts Drama Seminar during September 22– September 27, 2025 and also August 25, 2025

**General Release:** I hereby release and hold harmless the Sponsor from any and all responsibility and liability of any nature which may arise from the participation of the named participant in the gathering sponsored by the Sponsor.

I hereby release and hold harmless the Sponsor from any and all responsibility and liability of any nature which may arise if the named participant leaves the grounds of the program without authorization.

**Insurance:** It is the responsibility of every individual, their parent or legal guardian to provide for their own accident and health coverage while participating in all Sponsor activities. I understand that the Sponsor does not provide any accident or health coverage for its participants.

**Participation:** I give permission for my child to participate in any and all drama camp related activities.

**Photo Release:** I give permission for the Sponsor or those who have the written consent of those organizations to use photos or videos of my child for purposes of noncommercial illustration, advertising, publication, or broadcast anywhere and at any time. I expressly release the Sponsor, their agents, employees, licensees, and assigns from any and all claims which I have or may have for invasion of privacy, defamation, or any other cause of action arising out of the use of these photographs and video.

**Medical Release:** I hereby release the Sponsor from any claim whatsoever which may arise as a result of any first aid treatment, or service or assistance provided to me and/or my child in connection with any injury which may arise. a) I take full responsibility for my welfare and safety. b) I hereby give permission for emergency medical treatment, hospital care, and procedures to be administered as deemed appropriate.

Having read, understood, and agreed with these terms, I have executed this Release, to be effective immediately on this day (Date): \_\_\_\_\_

PLEASE PRINT - COMPLETE ONE PER FAMILY

Students' Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Name and Address of Primary Health Care Carrier: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Other Emergency Number or Instructions: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_