

Petal Arts Council Theatre Camp Release Form

Participant's Full Name (print): _____

I give authorization for the above listed person to participate in the Petal Arts Council theatre camp of March 2024. I hereby waive, release, absolve, indemnify, and agree to hold harmless the Petal Arts Council and its organizers, sponsors, agents, insurers, supervisors, participants, and volunteers from any claim arising out of injury to the above listed person, whether the results of negligence or any other cause.

I hereby grant the Petal Arts Council, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display, and distribute materials bearing my name, voice, likeness, or any other identifiable representation of myself and my family members, including my theatre camp participant. These materials may appear in any form, style, color, or medium whatsoever (including, without limitation, photographs, video tapes, films, sound recordings, software, drawings, prints, broadcast, internet, and electronic media). I agree that all material containing identifiable representation of myself and my theatre camp participant (including without limitation, all negatives, plates, and masters of photographs, files, prints, or tapes) shall be and remain the sole and exclusive property of the Petal Arts Council. I hereby release and forever discharge the Petal Arts Council from any and all liability damages relating to the use of my participant's name, voice, likeness, or any other identifiable representations of myself and my family, including my theatre camp participant.

I acknowledge that I have fully read and understand this document, and that I have had any questions regarding its effect or the meaning of its terms answered to my satisfaction. I certify that I am the legal guardian of the participant for which this form is signed.

Guardian

Date