



Youth Registration for Best Christmas Pageant Ever

Participants cannot miss any rehearsals unless arrangements are made with Mary Kay prior to casting.

Today's Date _____

Name _____

Address _____ City _____ Zip Code _____

Age/Grade/DOB _____

Name of Parent(s)/Guardian(s) _____

Parent Email _____ Parent Cell Phone _____

Student Email _____ Student Cell Phone _____

Emergency Contact Name & Phone _____

Registration Fee is \$35 _____

List any conflicts you would have with attending rehearsals Monday – Thursday evenings from 6pm until 8 pm.

We accept Mastercard, Visa and cash. How would you like to pay?

Payment Received _____ date _____ type _____

Act – Dance – Sing - Express

WAIVER OF LIABILITY & PHOTO RELEASE FORM

1. Waiver and Release of Liability. I acknowledge that being in this show may involve a risk of personal injury (including fatal injuries) and property damage. I knowingly assume any and all risks associated with my show experience. I, for myself, my personal representatives and all others who might have a similar claim, hereby irrevocably and unconditionally FOREVER release, waive and discharge any and all charges, complaints, claims, liabilities, obligations, promises, agreements, controversies, damages, actions, suits, rights, demands, costs, losses, debts and expenses arising directly or indirectly from my volunteer experience (collectively, "Claims") against Excelsior Arts Academy & Youth Theater or any of their respective affiliates, owners, predecessors, successors, assigns, agents, directors, officers, employees and representatives (the "Released Parties"). I understand that this Section 1 applies to all Claims of any nature whatsoever, whether known or unknown, suspected or unsuspected, foreseen or unforeseen.
2. Photo Release. Excelsior Arts Academy & Youth Theater has my permission to use my or my child's photograph/video publically for any marketing or promotional materials. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.
3. Hold Harmless. I agree to DEFEND, indemnify and hold harmless any of the Released Parties from any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs or expenses of whatever kind (including without limitation attorneys' fees) that are incurred or suffered by any of the Released Parties (collectively, "Losses") on account of any and all third party charges, complaints, actions, suits, demands and claims (collectively "Third-Party Claims") arising directly or indirectly from my failure to comply with the terms and conditions of this Agreement or my negligent act(s) or omission(s) or reckless or willful misconduct in connection with my volunteer services with Organization.
4. Consent. Without limiting the foregoing, (a) in the event I sustain a personal injury as a result of my services as a part of the Organization, I authorize all necessary medical treatment that may be prescribed by qualified medical personnel, and I agree that I will be solely responsible for payment of all costs arising from any such injury and medical treatment, and (b) I consent to the use of my name and/or photograph or likeness by Organizations without any compensation or inspection.
5. General Provisions. (a) Any proposed amendment, discharge, termination or change to this Release and Waiver of Liability ("Release") must be in writing and authorized by Organization in writing. (b) The waiver by Organization of a breach of any provision of this Release shall not operate or be construed as a waiver of any subsequent breach, and no waiver shall be valid unless it is in writing and is signed by the party against whom such waiver is sought. (c) I agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and any dispute regarding the matters set forth herein shall be resolved in the federal or state courts sitting in DeKalb County, Indiana. (d) I expressly agree that if any provision of this Release is held invalid, that the balance of the Release shall, notwithstanding, continue in full legal force. (e) I understand that the terms and conditions of the following provisions of this Agreement will survive my completion of the volunteer experience with Organization: Sections 1, 3,4 and 5.

I agree to the above and sign willingly _____