

# Buckeye Community Theatre

## Waiver and Release of Liability

NAME: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

eMail \_\_\_\_\_

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EMERGENCY CONTACT NAME: \_\_\_\_\_ Phone#: \_\_\_\_\_

I understand and choose to fully assume any risks involved in volunteering or participating in this activity of the Buckeye Community Theatre. In consideration of allowing my participation in this activity I hereby agree to indemnify and hold harmless BCT, it's officers, trustees, employees, and other participants from any claim or any injury that may occur to me as a direct or indirect result of my participation in this activity, and I waive any claim of any kind based upon my participation. I irrevocably agree to allow BCT and the event organizers to use my name, image, or likeness for publicity or other legitimate purposes. I hereby certify that I have read this document and I understand its contents, which shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

In case of emergency, I authorize BCT to alert my emergency contact named herein, and that if the emergency contact cannot be located timely, I authorize BCT to act to alert providers of emergency services and authorize treatment from such persons on my behalf, and I agree to waive and hold harmless anyone acting to reasonably safeguard my well being at this activity.

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

Printed Name: \_\_\_\_\_

If the person signing is under age 18, complete the following: I hereby certify that I am the parent or guardian of \_\_\_\_\_, the participant named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_