COASTAL ACT PRODUCTIONS, INC.

Participation Waiver, Release and Indemnity Agreement

Name(s) of Participant(s) _____

I have read the attached information regarding my child's upcoming volunteer commitment with Coastal Act Productions, Inc. I understand that my child's participation in this activity is a privilege that may be revoked at the discretion of Coastal Act Productions, Inc. Participants in any Coastal Act Productions, Inc. play/production are expected to follow the rules and guidelines set forth by Coastal Act Productions, Inc. and respect and follow the instructions of the director or other supervisor(s).

In consideration for allowing my child to participate in this activity, I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ALL RISKS OF MY CHILD'S BODILY INJURY, DEATH OR PROPERTY DAMAGE AND DO COVENANT AND AGREE TO WAIVE, RELEASE, INDEMNIFY AND HOLD HARMLESS COASTAL ACT PRODUCTIONS, INC., its employees or agents, administrators, officers, directors, volunteers, successors and assigns, together with all persons, including parents of participants assisting with any phase of such productions (collectively referred to as "Releasees") FROM ANY AND ALL CLAIMS, SUITS, LOSSES, DAMAGES, CAUSES OF ACTION, EXPENSES OF LITIGATION AND/OR SETTLEMENT, OR OTHER LIABILITY by reason of any accident or injury suffered by my child, which may arise in any connection with participation in this activity, whether or not caused by or alleged to be caused by the negligence of COASTAL ACT PRODUCTIONS, INC. and Releasees for all acts of active or passive negligence on the part of COASTAL ACT PRODUCTIONS, INC. and Releasees.

I further agree that this release, waiver and indemnity agreement is intended to be broad and inclusive as permitted by the laws of the State of Oregon and that if any portion of this agreement is held invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect.

_____ _____

Signature of Parent/Guardian Date

(Please print, sign and bring to registration)

PARENTS AND/OR PARTICIPANTS -- please read and initial the following items:

_____ I hereby consent to the reproduction and/or use of photographs, video tapes and film or audio recordings of myself or my child(ren) for advertising and promotional purposes by CAP.

_____ I understand that payment must be made before auditions and that no refunds will be issued after auditions.

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I have read and understand the Code of Conduct, the Attendance & Behavior Policy and the Performing Arts Center Rules and I also understand the consequences of violating the rules, regulations and policies. By signing below, I agree to abide by these policies and will fully expect them to be enforced.

_____ _____

Parent/Guardian's Signature Participant's Signature

(Please print, sign and return)

COASTAL ACT PRODUCTIONS, INC.

Medical Release/Authorization

This authorization will be used in the event that your child requires medical attention and you cannot be reached. It will be in effect for the time period, July 29, 2019 through August 10, 2019.

I, _____ certify that I am the Parent or Legal Guardian of the following child(ren):

_____

As such, I hereby authorize representatives from Coastal Act Productions (such representatives include Production Team members, Directors and identified volunteers) to serve as agents for the undersigned and to consent to any normal and/or emergency medical treatment of the above child(ren) that might be deemed medically advisable in the event that I cannot be reached through the Emergency Contacts listed below.

Child(ren)'s Physician:

Name _____ Phone _____
Address_____

Emergency Contact Person #1:

Name _____Phone _____

Emergency Contact Person #2:

Name _____Phone _____

Insurance Co._____ Policy #:_____

Policyholder Name & Phone _____

Any known allergies or medical conditions.

_____

CAP production team members will not dispense medication to participants. If your child requires medication, a parent must come to administer at the appropriate time.

I understand and agree that CAP will not be held responsible for illness or injuries which may occur while my child(ren) is attending or participating in any CAP function.

Signature of
Parent/Legal Guardian_____ Date _____
(Please print, sign and return)