



RELEASE AND WAIVER FORMS

Each participant registered for JTF must complete one set of release/waiver forms. This includes all students, directors, chaperones, and additional family members and friends. Each participant needs to complete their own set of release forms; siblings and parents (if attending) should each fill out separate forms. Forms should be filled out electronically. SEND THESE FORMS TO THE DIRECTOR OF YOUR GROUP. The Director will collect all forms and save them in a zip folder to upload on the portal at www.juniortheaterfestival.com. Individual release forms will not be accepted.

VIDEO/PHOTO RELEASE FORM

Everyone attending the festival will be photographed and video recorded. We will not be able to accommodate registered individuals who prefer not to have their photos taken or to be video recorded.

Date

I hereby authorize Junior Theater Group, the Junior Theater Festival, iTheatrics and its designee(s) to photograph and/or video record me/or my child, _____ (full name). I further grant Junior Theater Group, the Junior Theater Festival, iTheatrics and its designee(s) the right to broadcast, exhibit, market, sell, and otherwise distribute the photos/video recordings, either in whole or in parts, and either alone or with other products, for commercial or non-commercial purposes that iTheatrics, the Junior Theater Festival or its designees in their sole discretion may determine. This grant includes the right to use the photos/video recordings for promoting or publicizing any of those uses. I understand no compensation of any kind will be made.

Signature/Parent or Guardian Signature
(E-Signatures accepted)

Group Name



LIABILITY WAIVER AND RELEASE

Official COVID policies are under continued review and will be established 8 weeks before the festival date. Policies will reflect the CDC recommendations. Participants agree to abide by all COVID policies laid out by JTF. All COVID policies are subject to change.

LIABILITY WAIVER AND RELEASE OF CLAIMS: I acknowledge that I willingly engage in JTF events (the "Activity").

RELEASE AND WAIVER:

I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST THE JUNIOR THEATER GROUP LLC, BROADWAY INNOVATIONS, LLC DBA iTheatrics, JUNIOR THEATER FESTIVAL, AND ITS AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION WITH THE ACTIVITY.

ASSUMPTION OF THE RISK:

I acknowledge and understand the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and
3. I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

MEDICAL ACKNOWLEDGMENT AND RELEASE:

I acknowledge the health risks associated with the Activity, including but not limited to transient dizziness, lightheaded, fainting, nausea, muscle cramping, musculoskeletal injury, joint pains, sprains and strains, heart attack, stroke, or sudden death. I agree that if I experience any of these or any other symptoms during the Activity, I will discontinue my participation immediately and seek appropriate medical attention.

I DO HEREBY RELEASE AND FOREVER DISCHARGE THE RELEASED PARTIES FROM ANY CLAIM WHATSOEVER WHICH ARISES OR MAY HEREAFTER ARISE ON ACCOUNT OF ANY FIRST AID, TREATMENT, OR SERVICE RENDERED IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITY.

As an attendee, You recognize that your participation, involvement and/or attendance at any JTF activity ("Activity") is voluntary and may result in personal injury (including death) and/or property damage. By attending, observing or participating in the Activity, You acknowledge and assume all risks and dangers associated with your participation and/or attendance at the Activity, and You agree that:

(a) the Junior Theater Group, LLC (b) the property or site owner of the Activity, and (c) all past, present and future affiliates, successors, assigns, employees, volunteers, vendors, partners, directors, and officers, of such entities (subsections (a) through (c), collectively, the "Released Parties"), will not be responsible for any personal injury (including death), property damage, or other loss suffered as a result of your participation in, attendance at, and/or observation of the Activity, regardless if any such injuries or losses are caused by the negligence of any of the Released Parties (collectively, the "Released Claims"). BY ATTENDING AND/OR PARTICIPATING IN THE ACTIVITY, YOU ARE DEEMED TO HAVE GIVEN A FULL RELEASE OF LIABILITY TO THE RELEASED PARTIES TO THE FULLEST EXTENT PERMITTED BY LAW.

Check This Box

I, the undersigned, am at least 18 years of age. I have read this Acknowledgement of Risk and Waiver of Liability and fully understand its terms. I acknowledge that I am signing this waiver freely and voluntarily with full knowledge of its significance. By checking this box, I consent to sign this agreement electronically.

Name of Participant (Printed): _____

Signature or E-Signature of Participant: _____

Date: _____

If Participant is under the age of 18, his or her parent or legal guardian must also sign.

I, (printed name) _____, am the parent or legal guardian of the participant who has signed above. I have read and I understand the provisions of this document. I consent to the participant taking part in the Activities described above, and I fully enter into and agree to the above Participant Waiver and Release of Liability Form.

Signature or E-Signature of Parent (if Participant is less than 18 years of age): _____



DEMOGRAPHICS (OPTIONAL)

We are dedicated to providing access to the arts. Help us make the world a better place by completing the information below. Please note, your name will not be associated with the information provided. We will use this information to identify who we are currently serving and to develop plans to serve those who may be underrepresented.

Participant's Race (Select all that apply):

- Asian American/Pacific Islander
- BIPOC who identify as mixed-race
- Black
- Indigenous
- Latinx
- Middle Eastern/North African (MENA)
- White
- Other/Prefer not to say

Participant's Ethnicity (Select one):

- Hispanic or Latinx
- Not Hispanic or Latinx