I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH
THE CENTENARY YOUNG PERFORMERS WORKSHOP (YPW), including by way of example and not limitation, any
risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or
defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.
I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been
advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems
which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the CENTENARY STAGE
COMPANY AND/OR CENTENARY UNIVERSITY, of the activity in which I may participate, and that it will govern my
actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my
executors, administrators, heirs, next of kin, successors, and assigns as follows:
(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising
from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property
damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this
activity, THE FOLLOWING ENTITIES OR PERSONS: The CENTENARY STAGE COMPANY (CSC) and
CENTENARY UNIVERSITY and/or their directors, officers, employees, volunteers, representatives, and agents, and the
activity holders, sponsors, and volunteers;
(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this
paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the
negligence of release or otherwise.

I acknowledge that CSC and CENTENARY UNIVERSITY and their directors, officers, volunteers, representatives, and
agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific
activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical limits and carries with it the potential for serious
injury including dismemberment or death. The risks include, but are not limited to, those caused by terrain, facilities,
temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people
including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only
inherent to participants, but are also present for volunteers.

I hereby consent all medical treatment and fees is the responsibility of the participant (18 years or older) and/or
parent/guardian which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to
be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.
The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the
maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM
AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE
WILL.

____________________________
Participant’s Name
(Please print legibly)

____________________________
Parent/Guardian Signature
(If under 18 years old, Parent or Guardian must also sign.)

____________________________
Age

____________________________
Date