

Playhouse 1960 Theatre Hold Harmless Agreement

Release of Liability: As consideration for myself or my child (or children) _____, as a cast member, or myself as a volunteer or cast member, being permitted by **PLAYHOUSE 1960** to participate in these activities, I hereby agree that I, my spouse, children, assignees, heirs, distributes, guardians, and legal representatives will not make a claim against, sue, or attach the property of **PLAYHOUSE 1960**, or any agent, employee, or member thereof, for injury, damage, or illness related to exposure to Covid-19 to my child (or children) or self, whether resulting from the negligent acts, or howsoever otherwise caused, as a result of our participation in the Playhouse 1960 Youth Productions.

I hereby assume all risks of personal injury, property damage, or health risk that may result from any **PLAYHOUSE 1960** activity. As the cast member or parent/guardian, I do hereby release and agree to indemnify, defend, and hold harmless the **PLAYHOUSE 1960 THEATRE AND THEIR DIRECTORS, ASSOCIATES, AND INDEPENDENT CONTRACTORS** and all participants in the **PLAYHOUSE 1960** program

From and against all liability, including claims and suits at law or in equity, for damages or injury, fatal or otherwise, or damage that I, my spouse, children, assignees, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or health problems resulting from mine or my child's (or children's) participation in Playhouse 1960 Youth Productions.

In the event you or your child is injured or an emergency occurs, Playhouse 1960 will make every effort to reach you. If you cannot be reached, Playhouse 1960 will try to reach your emergency contact. If possible, Playhouse 1960 will call your designated doctor or dentist. However, if deemed necessary because of the nature of the injury or emergency, Playhouse 1960 will obtain treatment from the nearest hospital. In the event of illness or injury, as parent/guardian, I hereby give my consent for medical treatment and permission to a **PLAYHOUSE 1960** instructor to provide or supervise on-site first aid for minor injuries and to licensed physician to hospitalize and secure proper treatment (including injection, anesthesia, surgery, or other reasonable and necessary procedures) for the participant. I agree to assume all costs related to any such treatment. I hereby authorize my insurance company to pay benefits for costs of such treatment.

Print Actor's Name _____

Guardian Name _____

Signature _____

Cast Member or if minor Parent or Guardian

Date _____