

The Woodland Opera House

Show/Class _____ Paid _____ M or F Age _____ Phone _____

Name _____ Address _____ City _____ Zip _____

E Mail _____

Emergency Contact: Name _____ Phone _____

Personal Information: Special needs or anything you feel the director/teacher should know about; _____

WAIVER OF LIABILITY, MEDICAL RELEASE & INDEMNIFICATION AGREEMENT

In consideration for myself being permitted by the Woodland Opera House to participate in activities described in the **Woodland Opera House Education Program** of activities or a **Woodland Opera House Production** I hereby waive, release and discharge any and all claims and damages for personal injury, death, or property damage which I may sustain or which may occur as a result of my participation in these activities. I understand and agree that:

1. This release is intended to discharge in advance the Woodland Opera House, its officers, employees and agents from and against any and all liability, except for their sole negligence or intentional acts, connected in any way with the participation of myself;
2. The described activity may be of a hazardous, strenuous, and/or physical nature;
3. Participation in the described activity may occasionally result in injury, death or property damage;
4. Knowing the risk involved, nevertheless I voluntarily request permission for myself to participate in the described activity;
5. I hereby assume any and all risks of injury, death or property damage and to release and hold harmless the Woodland Opera House, its officers, employees & agents, except for their sole negligence or intentional acts;
6. This waiver, release and assumption of risk are to be binding on the heirs and assigns;
7. I will indemnify and to hold the Woodland Opera House harmless from any loss, liability, damage, cost or expense, including litigation, which they may incur as a result of any injury and/or property damage which myself may sustain while participating in said activities;
8. I will make good any loss or damage or cost the Woodland Opera House may have to pay if any litigation arises on account of any claim made by me or by anyone on my behalf;
9. In the event that I require medical or surgical treatment while under the supervision of said Woodland Opera House personnel in connection with the described activity, such supervisor may authorize treatment;
10. I will pay all medical, hospital, or other expenses which I may incur as a result of such treatment;
11. I understand that Woodland Opera House staff may photograph, videotape, and interview me and that the Woodland Opera House may use such photographs, videotapes, and interviews to promote Woodland Opera House programs and classes. I expressly allow, and hereby waive any objection to, the Woodland Opera House's photographing, videotaping, and interviewing of me when I am participating in a Woodland Opera House program. I understand all photos and videotapes will remain the property of the Woodland Opera House.
12. The Woodland Opera House is not responsible for the dismissal of a program.

I have carefully read this Waiver of Liability, Medical Release, and Indemnification Agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the Woodland Opera House, and that I sign it of my own free will. The Woodland Opera House may accept future phone-in registrations under these provisions.

I also understand the Refund Policy and the Behavior Policy and potential consequences set forth by the Woodland Opera House and agree to such terms.

Signature

Date