

Little Theatre of Watertown Workshop

Auditioning for Theater with Hannah Broihier

Please email this form to: lt@littletheatreofwatertown.com

When: October 24 & 25, 2017 7:00PM – 9:00PM

Info: 315-783-4649

Where: Northern New York Community Foundation, 131 Washington Street, Watertown, NY

Cost: \$5.00 payable at the door (free for LTW members) **Checks Payable to:** Little Theatre of Watertown

Contact Information:

Name:			
Street Address w/city, State, Zip:			
Email:		Phone (with area code)	

CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE FOR NON-PROFIT USE

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of myself by Little Theater of Watertown. I also grant to the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media, including news media that may attend events run by Little Theater of Watertown. I also hereby release Little Theater of Watertown and its agents and volunteers/employees from all claims, demands, and liabilities whatsoever in connection with the above.

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, 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.

(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 event,.

(B) I 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 or event, whether caused by the negligence of release or otherwise.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event. However, Little Theatre of Watertown will be unable to administer medicines or treatment during the course of the event, and medical professionals, including but not limited to, emergency medical staff and area hospitals, will handle treatment.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

The undersigned agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Date: _____

Signature of Workshop Participant: _____

(By typing your name here, you are consenting to a digital signature)