## **Art in Motion Theatre Company RELEASE AND WAIVER**

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I hereby fully and forever release and discharge Art in Motion Theatre Company from, and expressly waive, any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that may arise from my participation in performances produced by or associated with the Art in Motion Theatre Company. I agree not to make or bring any such claim or demand against the Art in Motion Theatre Company, its board members, officers OR employees, and fully and forever release and discharge the Art in Motion Theatre Company and foregoing persons from liability under such claims or demands.

I UNDERSTAND THAT THIS RELEASE DISCHARGES THE ORGANIZATION FROM ANY LIABILITY OR CLAIM THAT I MAY HAVE AGAINST THE ORGANIZATION WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, PROPERTY DAMAGE, OR PROPERTY LOSS THAT MAY RESULT FROM THE PERFORMANCES, WHETHER CAUSED BY NEGLIGENCE OF ANY PERSON OR OTHERWISE.

MEDICAL TREATMENT: I hereby give consent and authority to Art in Motion Theatre Company to initiate and/or obtain medical during participation in activities relating to the Art in Motion Theatre Company.

Participant Name	
Name (First and Last)	Telephone No:
Email:	

Emergency Contact	
Name (First and Last)	Telephone No:
Email:	
Do you accept the Art in Motion Release and Wa	aiver of Liability? (required)
Yes □	
No □	
Signature of Participant	Date (YYMMMDD)
Signature of Art in Motion Theatre Company	Date (YYMMMDD)