

# Vaud-Villities Productions

## AGREEMENT, WAIVER AND RELEASE OF LIABILITY

### READ CAREFULLY BEFORE SIGNING

I acknowledge that I have, on behalf of myself and/or my minor child/ward, applied to participate in activities associated with Vaud-Villities Productions ("Vaud-Villities"), to be held at the Northland Performing Arts Center (NPAC) and/or other facilities. I recognize that the activities may include performances, rehearsals, programs, events, and the use of facilities, premises, equipment, props and costumes. I recognize that there are known and unknown risks of personal injury to participants in the activities. As consideration for being allowed to participate in the activities, I knowingly assume the full responsibility of my participation and my minor child's/ward's participation in the activities and I further assume the full risk of any and all injuries, damages and loss, regardless of severity, that I and my minor child/ward may sustain as a result of said participation. I also do, on behalf of myself and my minor child/ward, forever release, waive, discharge, relinquish, and agree to defend and hold harmless, the following persons and entities: Vaud-Villities, Ohio Performance Academy, Inc., VV Venue LLC, NPAC, the owners, lessors and lessees of all utilized facilities, premises, equipment, props and costumes, and all affiliated companies and organizations, and their respective directors, managers, instructors, board members, shareholders, officers, employees, agents, volunteers, contractors, representatives, insurers, successors, and assigns ("Releasees"). On behalf of myself and my minor child/ward, I specifically release, waive, discharge, relinquish, and agree to defend and hold harmless said Releasees from any and all liability, claims, demands, actions, causes of action (including but not limited to negligence), claims of relief, costs, expenses, losses, and damages for personal injuries, disability, death, property loss, or otherwise that I or my minor child/ward (including our respective heirs, assigns, distributes, guardians, next of kin, spouse and legal representatives) may now have or may have in the future, as a result of, arising out of, connected with, or in any way associated with, the participation of me or my minor child/ward in any of the activities, even if caused by the negligence of any of the Releasees. I also agree that neither I nor my minor child/ward (including our respective heirs, assigns, distributes, guardians, next of kin, spouse and legal representatives) will make any claim, sue or attach the property of any of the Releasees in connection with any of the matters covered by this Agreement, Waiver and Release.

I further certify that I am and/or my child/ward is in good physical condition and able to safely participate in the activities. I also certify that I have explained the dangers and risks of the activities and the significance of this Agreement, Waiver and Release of Liability to my minor child/ward. I authorize the directors, managers, instructors, board members, officers, volunteers, and agents of Vaud-Villities to request and consent to emergency medical treatment for myself and/or my minor child/ward as necessary for conditions that may arise during my and/or his/her participation in the activities. Neither I nor my minor child/ward will publish (whether on social media or otherwise) any statement, communication, or image which could be construed or interpreted as having an adverse or negative impact on any of the Releasees. I further give Vaud-Villities permission to use, in perpetuity, images and likenesses of me and/or my minor child/ward.

I have read and fully understand this Agreement, Waiver and Release of Liability and I agree to its terms in their entirety. The signature of a parent or guardian is required for all participants under the age of 18.

\_\_\_\_\_  
Print name of Participant under 18

\_\_\_\_\_  
Signature of Minor's Parent or Guardian  
(Print name of parent or guardian on next line)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Adult

\_\_\_\_\_  
Signature of Adult Participant

\_\_\_\_\_  
Date