



Medical and Photo/Video Release & Participation Agreement

Mayer CAST Participant:

(Please print participant's full name)

Release

Please read this section carefully before signing: Be aware that in signing up for and participating in any Mayer Community Arts/Summer Theater (Mayer CAST) theatrical production (the Show) and using the facilities and equipment, directed and produced by the Mayer CAST, you will be waiving and releasing any and all claims for injuries, loss, or property damage that you or your child might maintain arising in any matter out of the Show or the use of any theatrical facilities or equipment.

Acknowledgement of Risk or Injury

For the consideration of me and/or my child, for whom I am responsible and represent, I/we acknowledge that we participate in the Show of our own volition and choice. I/we recognize that performing in such a production has or creates greater risk of injury to myself or child.

Waiver of Claim for Injury

I agree to waive and relinquish all claims that I or my child may have for injuries or damages as a result of participating in the Show or using the theatrical facilities or equipment against Mayer CAST, its officers, directors, agents, employees, and/or affiliates. This release is intended to release any and all claims that I/we may possess as a consequence in any fashion of our participation in the Show. Accordingly, I do hereby fully release, discharge from liability, and hold harmless Mayer CAST, Mayer Lutheran High School, its officers, directors, agents, employees, volunteers, and/or affiliates from any and all claims for injury, including death, damages, property damage, or loss, which I or my child may have or which in the future we may accrue on account of participation in the Show or use of the theatrical facilities or equipment.

Indemnity and Defense

I further agree to indemnify, hold harmless, and pay defense costs and defend Mayer CAST, its officers, directors, agents, employees, volunteers, and/or affiliates from any and all claims resulting from injuries, including death, damages, property damage, or loss sustained by me or my child arising out of, connected with, or in any way associated with the activities of participating in the Show or using theatrical facilities or equipment.

Recognition of Termination

The undersigned recognizes the right of the director of the Show, in his or her absolute discretion to terminate a participant's involvement in the Show at any time due to disciplinary issues, medical issues which might jeopardize the participant's or some else's health, safety, or wellbeing, or concerns about the completion of the production in a satisfactory manner, which it is acknowledged, is solely the decision of the Show's director.

Medical Release

I/we hereby give permission for any and all medical and/or dental attention to be administered to myself or my child in the event of accident, injury, sickness, etc., under the direction of the bearer of this letter, until such time as we may be contacted. I/we assume the responsibility for the payment of any such treatment.

Medical Center Preference:

Medical Conditions:

Known Allergies:

Medications:

Emergency Contact Info:

Name:

Relationship:

Phone Number:

Photo & Video Release

I/we hereby grant permission to Mayer CAST and its affiliates to use any photographs or videos recordings in publications without further consideration, and I/we acknowledge Mayer CAST's right to crop or treat the photography/video recordings at its discretion. I/we also acknowledge that the program may choose not to use any photographs or video recordings at the time but may do so at its own discretion at a later date.

Participation Agreement

Each cast member (or their parent or guardian for cast members 17 and under) is required to sign this participation agreement to acknowledge understanding of the participant's responsibility to Mayer CAST, fellow actors, and audiences. If you have any questions before signing, please ask the director or a member of the Mayer CAST Advisory Committee. CAST, as referred to herein, refers to Mayer Community Arts/Summer Theater and its members, the Advisory Committee, cast, crew, volunteer participants, and audiences.

- **Dates:** I am aware of the performance dates, times, and location, and unless I have serious illness, family emergency, or the show is cancelled, I will be there at the scheduled time before each performance.
- **Attendance:** I will be on time and prepared for all rehearsals and performances. If I cannot attend a scheduled rehearsal, I will contact the director as soon as I know that I can't make it. I am aware that if I have too many unplanned absences, I may be asked to step down from my role or be excused.
- **Conflict:** If I have a problem or conflict with any cast member or other person involved in this production, I will bring it to the attention of the director or another production staff member to help me resolve it.
- **Costume:** I understand that I am responsible for the care of my own costume, whether rented or owned. I understand that if I lose or damage my costume, I will be financially responsible for repairing or replacing it.
- **Amateur:** I understand that CAST is an amateur theater organization and that I will not be paid for my participation in the production. I will provide a short personal biography for the show program or other promotions and advertisements with no expectation of compensation of any kind.
- **Facilities:** I am aware that I am responsible for the care of the rehearsal and performing facilities. I will help clean up after rehearsals and the performances, and I will help strike the set and clean up after the final performance.
- **Social Media:** I agree not to post videos or photos on social media that violate copyright laws or that disparage CAST's reputation or that put CAST in danger of copyright infringement or lawsuits.

By signing below, I acknowledge that I have read both the release statements and participation agreement above and agree to all stated conditions for myself or my child. (A parent or guardian should sign for any participant 17 years old or younger.)

Participant Name (print): _____

Participant Signature (If 18 or older): _____

Date: _____

Parent Name (print): _____

Parent Signature (If under 18): _____

Date: _____