

Ovation Performing Arts Last name _____

Release Form

Families please submit completed form at auditions

This statement releases Ovation Performing Arts (OPA), Open Space Event Studios (Open Space), Unity Dance Collective (UDC), and Redmond School District (RSD) from any claims, lawsuits or other actions. In addition, if a student, parent, or volunteer damages or breaks any property of OPA, Open Space, UDC, or RSD, that student, parent, or volunteer or their family is responsible for repaying the cost to repair or replace that property. All students, parents, and volunteers are expected to be careful with and around all sound equipment including musical instruments, lighting equipment, costumes, set, and props. They are expected to use this property only when instructed, as instructed. Directors intend to always arrive at OPA rehearsals and performances: Open Space, UDC or RSD locations before the first student arrives and stay until the last student leaves. Students should always be supervised. But in the event that no directors are onsite, parents are expected to supervise their own children.

Waiver: I hereby waive and release OPA, Open Space, UDC, and RSD, and directors, students, parents, and volunteers from any and all liability, actions, causes of actions, debts, claims, and demands of every kind and nature whatsoever which arise from or in connection with OPA. This includes rehearsals, shows, traveling to/from, or practicing or performing in other locations.

Medical authorization: If I cannot be reached by phone, I authorize medical treatment and/or emergency transportation at my expense for the student in the event of an illness or injury.

Photo Release: There are times when students are photographed and those photographs are published in programs, brochures, or posted online for the purposes of advertising for OPA productions or classes. I hereby give my permission for my child to be photographed and their photographed published for the above purposes.

Parent's signature with actors' printed names required for actors under 18
Actors' signature with actors' printed names required for actors 18 or over

Parent Printed Name _____ Parent Signature _____ Date _____

Actor Printed Name _____ Actor Signature _____ Date _____

Medical conditions or food restrictions you would like us to know about? _____

Actor Printed Name _____ Actor Signature _____ Date _____

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