

liability & media release

VALID JULY 1, 2021–JUNE 30, 2022

MEDICAL INFORMATION & FOOD ALLERGIES

Please list any medical conditions that may affect your child's participation, as well as any food allergies:

ASSUMPTION OF RISK & RELEASE FOR LIABILITY

Knowing that participation in the program entails some risks, and in consideration of my child being permitted to participate in the program, I agree to release Dr. Phillips Center from any and all costs, claims, injury or illness resulting from my child's participation in the program. I agree that neither Dr. Phillips Center for the Performing Arts, nor any of its employees, independent contractors, directors and/or officers will be held liable for any injury which may occur to me or my child while attending a class, camp or workshop. This includes, but is not limited to, any activities in which I/he/she may participate including classes in singing, acting, dancing, physical comedy, stage craft, theatrical mask work, warm-up exercises and/or breaks. I grant Dr. Phillips Center staff permission to contact emergency services and permit treatment should I/my child become injured and I am unable to provide direct authorization for services. I hereby release Dr. Phillips Center and their respective employees, independent contractors, directors and/or officers from any and all legal or financial claims.

MEDIA RELEASE

Students are sometimes photographed and videotaped for use in Dr. Phillips Center for the Performing Arts promotional and educational materials. I authorize Dr. Phillips Center to record the image and voice of the subject named below and give Dr. Phillips Center and all persons or entities acting pursuant to Dr. Phillips Center's permission or authority to use these recorded images and voice. I understand said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without change, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

print name of parent/guardian

print name of minor child/student

signature of parent/guardian

date



AdventHealth School of the Arts

407.455.5551

classes@drphillipscenter.org
drphillipscenter.org/classes

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NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE CENTER USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CENTER OR THE REMAINING RELEASEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE CENTER HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

print name of minor child/student

print name of parent/guardian

signature of parent/guardian

date

release of liability & assumption of risk relating to coronavirus/covid-19

VALID JULY 1, 2021–JUNE 30, 2022

The individual named below (referred to as “I,” “me,” or “my”) desires for my child to participate in a class or program (the “Program”) hosted by the Dr. Phillips Center for the Performing Arts, Inc. (the “Center”). As consideration for my child being permitted by the Center to participate in the Program, I agree to all of the terms and conditions set forth in this agreement (the “Agreement”), on behalf of myself and on behalf of the minor child listed below.

I UNDERSTAND THAT AN INHERENT RISK OF EXPOSURE TO THE NOVEL CORONAVIRUS/ COVID-19 (“COVID-19”) EXISTS IN ANY PUBLIC PLACE WHERE PEOPLE ARE PRESENT. I UNDERSTAND THAT COVID-19 IS A HIGHLY CONTAGIOUS DISEASE THAT MAY RESULT IN PERSONAL INJURY, SEVERE ILLNESS, AND DEATH. I UNDERSTAND THAT THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE CENTER MAY INCREASE MY OR MY CHILD’S RISK OF EXPOSURE TO COVID-19. I ACKNOWLEDGE THAT I AM VOLUNTARILY ALLOWING MY CHILD TO PARTICIPATE IN THE PROGRAM WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY, ILLNESS, OR DEATH TO ME OR MY CHILD, WHETHER CAUSED BY THE NEGLIGENCE OF THE CENTER OR OTHERWISE.

I hereby expressly waive and release any and all claims, now known or hereafter known, against the Center, and its officers, directors, employees, agents, affiliates, members, successors, and assigns (collectively, “Releasees”), on account of injury, illness, or death to me or my child arising out of or attributable to my child’s participation in the Program, whether arising out of the negligence of the Center or any Releasees or otherwise. I covenant not to make or bring any such claim against the Center or any other Releasee, on behalf of myself, my child, or any other person, and forever release and discharge the Center and all other Releasees from liability under such claims.

If any term or provision of this Agreement is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. This Agreement is binding on and shall inure to the benefit of the Center and me and their respective successors and assigns. All matters arising out of or relating to this Agreement shall be governed by and construed in accordance with the internal laws of the State of Florida without giving effect to any choice or conflict of law provision or rule thereof. Any claim or cause of action arising under this Agreement may be brought only in the federal and state courts located in Orange County, Florida, and I hereby consent to the exclusive jurisdiction of such courts.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE CENTER.

print name of parent/guardian

print name of minor child/student

signature of parent/guardian

date

