

DAZZLE AWARDS



Playhouse Square®

LIABILITY & MEDIA RELEASE FORM

WAIVER OF LIABILITY

- Because of the nature of the Dazzle Awards program, there is an inherent risk of injury. The undersigned participant acknowledges the existence of such risks in connection with this program, assumes such risk and agrees to accept the responsibility for any injuries sustained in the course of (1) participation in related as well as unsupervised activities which are made available at Playhouse Square Foundation ('PSF'); (2) possible injuries or medical disorders arising from the participant's dancing and/or rehearsing at the facilities such as heart attacks, stroke, heat stress, strains, sprains, fractures, or death; (3) accidents or injuries which occur within the facilities provided by PSF, such as rehearsal halls, locker rooms etc. By signing this waiver, you acknowledge that you fully understand that it is **a release of liability**; you agree to release and discharge PSF and all affiliates, employees, agents, representatives, successors or assigns from and all claims or cause of action, and you agree to voluntarily give up or waive any right that you may otherwise have to bring legal action against PSF for personal injury or property damage.

MEDIA RELEASE

- Playhouse Square shall have the absolute sole and perpetual right and permission to use, publish and/or reproduce in any form or any manner photography, film or videotape or any other form of representations in which the student may be included, in whole or in part, taken by or for Playhouse Square or under any agreement with Playhouse Square. All publicity during the term of this Agreement shall be under Playhouse Square's sole control, and the student shall cooperate in such publicity and activities as directed by Playhouse Square. The student shall not communicate with the media except by coordination with and approval of Playhouse Square.

School Name: _____

Participant's Signature: _____ **Date:** _____

Participant's Name (Please Print): _____

Signature of Legal Guardian: _____ **Date:** _____

(Required if Participant is under the age of 18)

Legal Guardian's Name (Please Print): _____