

# ASSUMPTION OF RISK



## ASSUMPTION OF RISK AND GRANT OF RIGHTS RELEASE FORM

Thank you for your interest and participation in Class Act's Parents Night Out. Please review the information provided below and sign.

I understand, agree, and freely choose, that I am participating in Parent's Night Out, a program by Class Act Productions. I understand and agree that I will assume all risks of any injury that may result from the participation in the program offered by Class Act Productions. I further understand and agree that I, my heirs and assigns will forever hold harmless Class Act Productions its trustees, representatives, employees, agents and assigns, from any and all injuries, of any kind whatsoever, to me which might result from my participation in the Parents Night Out program offered by Class Act Productions.

I understand and agree that pictures or videos may be taken of me before or during my participation in the Parent's Night Out program. I hereby grant Class Act Productions the authority to display or otherwise use my image at Class Act's sole discretion. I understand and agree that I will not seek any remuneration of any kind from Class Act Productions in the event that Class Act uses such pictures or video.

We have taken enhanced health and safety measures at Class Act Productions for our students, patrons, and staff. I also acknowledge that an inherent risk of exposure to COVID-19 exists in any public place where people are present. By attending the Parent's Night Out, I voluntarily assume all risks related to exposure to COVID-19.

I indicate by my signature below that I have read the terms and conditions of participation and agree to abide by them.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

*(Required for 17 years & under)*