



"I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless releases from any and all claims, demands, or causes of action which are in any way connected with my participation in activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should release or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs."

"By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence."

Signature _____

Date _____

Student Name _____

I authorize the Academy of the Arts to use my child's photo for promotional/social media studio use.

Signature _____

The novel Coronavirus, COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, Federal, State, and local governments and health agencies recommend social distancing and limiting the number of group gatherings.

Signee is fully aware of the current pandemic and the inherent risks involved. Signee is aware the most serious cases and deaths contributing to the virus are in people over the age of 60 years old.

The Academy of the Arts has but in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, like any public place, this could increase the risk of contracting COVID-19.

By signing this agreement:

_____ **(initial)** I **acknowledge** the contagious nature of COVID-19 and voluntarily assume the risk that I and my child(ren) may be exposed to COVID-19 by visiting or coming on to the Academy of the Arts. Such exposure or infection may result in personal injury, illness, permanent disability and/or death.

_____ **(initial)** I **understand** that the risk of becoming exposed to or infected by COVID-19 at Academy of the Arts may result from the actions, omissions, or negligence of myself and others, including but not limiting to AOTA faculty, volunteers, program participants, and their families.

By signing this waiver I acknowledge and understand all of the above:

Name: _____

Child's name: _____

Signature: _____

Date: _____