



Waiver of Liability/Media & Medical Release
August 2011 - August 2012

I understand that work done with The Actors Gymnasium and/or Lookingglass Studio involves risk. In order to decrease the possibility of accident, I agree to use The Actors Gymnasium equipment only under the direction and supervision of Actors Gymnasium personnel.

As a prerequisite to participation in any class taught by The Actors Gymnasium and/or Lookingglass, I hereby waive any and all claims and liability which I may have against The Actors Gymnasium, Inc., and/or Lookingglass Studio, their directors, officers, employees, agents, subcontractors, suppliers, or other customers-and also against the Noyes Cultural Arts Center, Evanston Arts Council, or the City of Evanston-for injuries, losses, or death, or any other personal or property damages. This release shall be binding upon my heirs, legatees, administrators, benefactors, and personal representatives. If any part of this agreement is held invalid, the balance thereof shall continue in full legal force and effect.

The Actors Gymnasium reserves the right to exercise discretion in accepting students for classes directed by The Actors Gymnasium. Students may be denied entrance if, in the professional judgment of the faculty and administration, their participation would pose a danger to themselves or others.

I have read this document and understand that it is a full irrevocable release. I also understand all terms and agreements set forth herein. By signing this document I accept all of the above terms.

Student's name (please print) _____ Date of Birth _____

Parent/Guardian Name (If applicable) _____

Street _____ City _____ State _____ Zip _____

Email _____

Home phone () _____ Cell phone () _____

Emergency contact _____ Phone () _____

Physical condition: Excellent Good Fair Poor

Does the student have any physical or medical limitations that may affect his/her ability to participate in strenuous class activities? Yes No If yes, please explain:

Is the student taking medication that may affect his/her abilities? Yes No If yes, please specify _____

Current Class/Reason for Waiver _____

Media Release: On behalf of myself and/or _____ (a minor child for whom I exercise legal guardianship), I consent to the use of my/his/her recorded image and voice for the purpose of publicizing programs of The Actors Gymnasium and/or Lookingglass Studio, and waive any compensation for such use.

Signature of student or student's parent or legal guardian:

X _____ Date: _____

Office: Print Student's last name here.