## **RELEASE FORM**

Date: June-July 2020

Project (the "Activities"): Summer Seminar JR, Summer Seminar Cincinnati Actor's Studio & Academy, LLC 2511 Essex Place Cincinnati, OH 45206

Instructors of Summer Seminar JR, Summer Seminar, and CASA:

I have asked you to instruct me in the various arts of movement for the actor for theatrical purpose (the "Activities"). I recognize that the Activities are inherently dangerous and that I can sustain injury in learning, practicing, and performing any of them.

To induce you to provide me with this instruction, and in consideration thereof, I agree that you will incur no liability to me and that I will have no claim against you, your heirs, your employer(s), or Cincinnati Actor's Studio & Academy, LLC arising out of or in connection with any act, omission, circumstance or other occurrence in, involving or relating to any of the Activities or my learning, practicing, or performing any of them.

If I assert a claim against you and you prevail, I will pay your expenses in defending that claim, including reasonable attorney's fees.

\*\*NOTE\*\*

Yours very truly.

-- Due to the Dangerous nature of this study:

I agree that you have the option to dismiss or remove any participant/attendant from the class or course for the blatant disrespect for his/her partner and/or equipment and/or any of the criteria listed in the syllabus. I also understand that there are rare, unforeseen instances of equipment breakage and that you are not responsible for accident or injury caused directly or indirectly during the use of any equipment.

- -- Due to the Physical nature of this study:
- A) I am willing to be physically adjusted by you to correct form and practice in order to promote safety and proper technique.
- B) I am willing to be in close physical contact with other participants and/or you during practice and demonstration.
- C) I understand that it is MY responsibility to notify the instructor or classmates if I feel uneasy or uncomfortable with any physical activity. If I do not make that discomfort known, I know it will be assumed that I am comfortable with the physical environment.

This agreement will be binding upon my heirs, administrators, executors, successors and assigns.

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	Name of Student/Actor
	Student/Actor Signature
	Parent/Guardian Signature