



**Volunteer Waiver of Liability Agreement**

I wish to volunteer for the AC4TA, a division of the A Center for the Arts, Inc. ("AC4TA"), as a **VOLUNTEER PARTICIPANT IN COMMUNITY THEATRE PRODUCTIONS AND PERFORMANCES** ("Activity"). I state and affirm that:

**1. Volunteer Activity**

I understand that the scope of my relationship with the AC4TA is limited to a volunteer position and that no compensation is expected in return for services provided; that the AC4TA will not provide any benefits traditionally associated with employment; and that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of volunteer services to the AC4TA.

**2. Assumption of Risk**

I acknowledge that participation in the Activity may include but is not inclusive of inherent dangers involved in being in a location on city property and in and around a working theatre such as but not limited to: walking, climbing ladders, climbing stairs, physically navigating scenery and other stage elements, moving through low-light areas, using tools, using theatrical equipment, singing, acting, dancing, and interacting with other participants. I understand that these risks known or unknown, anticipated or unanticipated may result in injury, death, illness, disease or damage to myself or property, or to other persons and their property.

**3. Waiver and Release**

I, the Volunteer, hereby personally assume all risks in connection with this Activity and I hereby agree to hold the AC4TA, its board of directors, the City of Fergus Falls, its Council members, and their officers, employees, representatives, agents, successors and assigns harmless from any liability or claim that I may have against it with respect to bodily injury, personal injury, illness, death, or property damage that may result from the Activities or occurring while I am providing volunteer services, unless such claims for loss, damage, injury, or death result from the gross negligence or willful misconduct of the AC4TA, its board of directors, employees or agents.

**4. Insurance**

Further, I understand that the AC4TA does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property.

**5. Medical Treatment**

I hereby release and forever discharge the AC4TA from any claim whatsoever which arises or may hereafter arise due to any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with the AC4TA.

My signature indicated that I have read this entire document, understand it completely, acknowledge that it cannot be modified or changed in any way by oral representations, and agree to be bound by its terms.

\_\_\_\_\_  
Name (printed) Volunteer

\_\_\_\_\_  
Signature (or parent/legal guardian if under 18) DATE Volunteer

Are you 18 years of age or older? (Circle one) YES NO

If no, print name of parent/legal guardian signer: \_\_\_\_\_

**Show Participant General and Emergency**

**Contact Information**

\_\_\_\_\_  
Name, as it should appear in printed program materials Participant

\_\_\_\_\_  
Address Street

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Email

\_\_\_\_\_  
18, Parent/Legal Guardian Name If under

\_\_\_\_\_  
Contact Name Emergency

\_\_\_\_\_  
Relationship to participant

\_\_\_\_\_  
Contact Phone Emergency

\_\_\_\_\_  
2<sup>nd</sup> Phone

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**Photo Release**

I grant to the Center for the Arts (124 West Lincoln Avenue, Fergus Falls MN 56537), its representatives and employees the right to take photographs of me and my property in connection with my participation in AC4TA community theatre productions, rehearsals, marketing events, and performances. I authorize the AC4TA, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the AC4TA may use such photographs or me with or without my name, and with or without any further permissions, for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above.

\_\_\_\_\_  
Name (printed) Volunteer

\_\_\_\_\_  
Signature (or parent/legal guardian if under 18) DATE

Are you 18 years of age or older? (Circle one) YES NO

If no, print name of parent/legal guardian signer: \_\_\_\_\_