



**Consent Form**

**Release of Liability:** As consideration for my child (or children), as a student, as a cast member, or myself as a volunteer or cast member, being permitted by **BRAVER PLAYERS** to participate in these activities, I hereby agree that I, my spouse, children, assignees, heirs, distributes, guardians, and legal representatives will not make a claim against, sue, or attach the property of **BRAVER PLAYERS**, or any agent, employee, or member thereof, for injury or damage to my child (or children) or self, whether resulting from the negligent acts, or howsoever otherwise caused, as a result of our participation in \_\_\_\_\_ (name of show or class).

I hereby assume all risks of person injury (including death) and property damage that may result from any **BRAVER PLAYERS** activity. As parent/guardian, I do hereby release and agree to indemnify, defend and hold harmless the **BRAVER PLAYERS THEATER COMPANY, AND THEIR DIRECTORS, ASSOCIATES, AND INDEPENDENT CONTRACTORS** and all participants in the **BRAVER PLAYERS** program from and against all liability, including claims and suits at law or in equity, for damages or injury, fatal or otherwise, that I, my spouse, children, assignees, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my child's (or children's) participation in \_\_\_\_\_ (name of show or class).

**Photography and Copyright Release:** I hereby grant the right and give permission to **BRAVER PLAYERS** and their agents and assigns, to use, publish and copyright, reproduce, in any form, all photographs (including but not limited to stills, slides, and overhead transparencies), video footage, and digital images of

\_\_\_\_\_  
(PRINT Participant's (s) Name

in **Braver Players** publications and video productions for advertising and promotional purposes. The undersigned waives his/her right to the use and ownership of said photographs, video footage and digital images for the above stated purposes.

Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print the names of students or cast members (Your signature signifies your agreement with the conditions above.)

Name: \_\_\_\_\_

Parent or Guardian- Please Print \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

Parent or Guardian Legal Signature \_\_\_\_\_ Date \_\_\_\_\_

Student or Cast Member Name: \_\_\_\_\_

Student or Cast Member Name: \_\_\_\_\_