



**PARTICIPANT AGREEMENT, WAIVER AND RELEASE
FORM
EPILOGUE PLAYERS SUMMER THEATRE CAMP
THIS FORM MUST BE COMPLETED BEFORE ANY PARTICIPATION
WILL BE ALLOWED**

Participant's Name _____ Birth Date (M/D/Y) _____

Address _____

City _____ State _____ Zip _____

Gender M F Age ____ Grade in spring '18 _____ Tshirt Size _____

Primary Phone _____ Email _____

Emergency Contact _____

Relationship to Participant _____

Emergency Daytime Phone Number _____ Alternate Phone _____

Allergies/Health Concerns _____

Theater Experience (If Any) _____

AGREEMENT, WAIVER AND RELEASE

In consideration of being permitted by Epilogue Players to participate in Summer Theatre Camp activities at 1849 N. Alabama Street, Indianapolis, I hereby waive, release and discharge any and all claims for damage for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in activities at said facilities or related field trips. This release is intended to discharge in advance Epilogue Players, its officers, employees and agents from any and all liability arising out of or connected in any way with my participation in activities at this or any Epilogue Players facility, including any outdoor area in the vicinity, even though that liability may arise out of negligence or carelessness on the part of those parties. It is understood that activities such as the ones I will be participating in involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold harmless Epilogue Players, its officers, employees and agents from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in any activity at this or any other Epilogue Players facility.

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PHOTO RELEASE: I understand that by participating all Participants consent to photo images taken by the Epilogue Players staff during this activity to be used in any or all Epilogue publications and websites.

CONSENT OF PARENT/GUARDIAN

I am the parent or legal guardian of the participant listed above. I hereby consent that the participant may participate in activities at this, or any other Epilogue Players facility and I hereby execute the Agreement, Waiver and Release on his/her behalf. I hereby affirmatively state that the said Participant is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense that they may incur as result of the death or any injury or property damage that said participant may sustain in activities at any such Epilogue Players facility.

I HAVE CAREFULLY READ BOTH PAGES OF THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND EPILOGUE PLAYERS AND I SIGN IT OF MY OWN FREE WILL.

Print Name _____ Relationship _____

Signature _____ Date _____

You may either print the form using the button below or save the form using the "File>Save" menu. Affix an original signature and mail the form with your check made out to "Epilogue Players" to:

Epilogue Players Summer Camp
7014 Tamarind Ct.
Indianapolis, IN 46236

Cost is \$125 per participant. For applications postmarked prior to May 1, 2018, cost is \$100 per participant. In the event that our maximum attendance is reached prior to your submission, we will contact you and return your check.