



## WAIVER AND RELEASE OF LIABILITY

Little Mountain Community Theatre NFP strives to reduce risks and insists that all staff, participants, and volunteers follow rules that are designed to protect their safety. However, staff, participants, volunteers, and parents/guardians should recognize that there is always some risk in workshop and theatre participation. Staff, participants, volunteers, and parents/guardians are responsible for determining if you or your child is physically fit and/or skilled for the workshop, program, or production activities.

### Warning of Risk

Understandably, not all hazards and dangers can be foreseen. Staff, participants, volunteers, and parents/guardians should understand that certain risks, dangers, and injuries due to acts of God, inclement weather, slipping, falling, and all other circumstances inherent to performance and workshop participation exist. In this regard, it must be recognized that it is impossible for LMCT to guarantee absolute safety.

### Waiver & Release of All Claims & Assumption of Risk

Please read this form carefully and understand that in consideration for being allowed to participate in or volunteer for workshops, programs, or productions, you will be expressly assuming the risk and legal liability, and waiving and releasing all claims for injuries, damages, or loss, which you or your minor child might sustain as a result of participating in or volunteering for any and all activities connected with and associated with LMCT.

*I recognize and acknowledge that there are certain risks of physical injury to participants and volunteers in this program/activity/production, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child or I may have as a result of participating in or volunteering for a Little Mountain Community Theatre NFP workshop, activity, or production.*

*I have read the entire statement and agree to waive and relinquish all claims my minor child or I may have as a result of participating in or volunteering for any and all workshops, activities, or productions against Little Mountain Community Theatre NFP, including its officials, agents, staff, and volunteers. I do hereby fully release and forever discharge Little Mountain Community Theatre NFP from any and all claims for injuries, damages, loss, or negligence that my minor child or I may have or which may accrue to my minor child or I arising out of, connected with, or in any way associated with the workshop, activity, or production to the fullest extent permitted by law.*

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

**WHERE DREAMS COME TRUE**

## LMCT COVID ACKNOWLEDGEMENT AND RELEASE

The novel coronavirus (COVID-19) has been declared a worldwide pandemic by the World Health Organization. As a result, the Centers for Disease Control and Prevention (CDC) along with federal, state, and local governments and agencies recommend social distancing, and have set guidelines regarding the congregation of groups of people.

Little Mountain Community Theatre NFP (LMCT), in line with the recommendations of the CDC and those recognized governmental agencies, has created new protocols, and will continue to create and adjust protocols as necessary, to establish preventive measures to reduce the spread of COVID-19. Regardless of the creation and implementation of those protocols, however, LMCT cannot guarantee that staff, volunteers, participants or family members will not become infected with COVID-19.

By signing this waiver, I (or on behalf of a minor child), acknowledge the following:

1. I acknowledge the contagious nature of COVID-19 and that the CDC and many other public health authorities recommend practicing social distancing.
2. I acknowledge that LMCT has put in place preventive measures, and LMCT will continue to review, revise, and adjust those measures as needed or recommended by the CDC or other governmental agencies, to reduce the spread of COVID-19.
3. I acknowledge that, despite these efforts, LMCT cannot guarantee that neither I nor the undersigned's minor child or family members will not become infected with COVID-19.
4. I acknowledge that, while participating in an LMCT activity, I must comply with all procedures established by LMCT in following CDC guidelines or the guidelines/recommendations of other applicable governmental agencies as necessary to reduce the spread of COVID-19.
5. I understand that the risk of becoming exposed to or infected by COVID-19 before, during or after an LMCT activity, may result from the unintended actions, omissions, or negligence of myself and others, including, but not limited to LMCT staff, volunteers, participants, and their families.
6. I understanding that in order to participate in any LMCT activity, I will be asked to attest before and during an LMCT activity that:
  - a. I (or my minor child) am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
  - b. I (or my minor child) have not traveled internationally or have not traveled to a highly impacted area within the United States in the last 14 days.
  - c. I (or my minor child) do not believe I have been exposed to someone with a suspected and/or confirmed case of COVID-19.
  - d. I (or my minor child) have not been diagnosed with COVID-19 and not yet cleared as non-contagious by state or local public health authorities.
7. I (or on behalf of a minor child) voluntarily agree to assume all the foregoing risks and accept the sole responsibility for any exposure or infection related to COVID-19, whether COVID-19 exposure or infection occurs, before, during, or after participating in any LMCT activity.
8. I (or on behalf of a minor child) hereby release and agree to hold LMCT harmless from, and waive on behalf of myself, my heirs, and any personal representatives, any liability or claim with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any COVID-19 exposure or infection occurring before, during, or after participating in any LMCT activities.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

If signing on behalf of minor child participant, list name and date of birth of child:

NAME OF MINOR CHILD: \_\_\_\_\_ DOB \_\_\_\_\_