



WAIVER OF LIABILITY FOR ILLNESS OR INJURY

Although every effort is made to provide a safe environment, I recognize there is always a risk of accident. I agree to be responsible for any medical bills incurred resulting from illness or injury in connection with my child's participation at Washington Revels, as well as any damage or injury caused by my child. If I desire accident and medical insurance for my child, I will arrange for it. I waive and release Washington Revels and 531 Dale Drive LLC, and all persons connected with those entities, from any and all liability and/or claims or damages arising out of personal injury of any kind. If deemed necessary by Revels staff, I authorize Washington Revels to administer first aid and/or authorize medical treatment for my child, for which I will be financially responsible.

Child's Name

Parent's Name

Parent's Signature

Date

PUBLICITY WAIVER

I hereby authorize Washington Revels, Inc. to use my child's name, photographic or video images, or voice recording for the purpose of fundraising, advertising, and promoting Revels performances, the Revels organization, and Revels projects in general, without prior inspection or approval by me. I understand that, when using images for public advertising, Revels typically does not include the names of children; however, some media include photos and names when running stories about participants. I waive and release Washington Revels and 531 Dale Drive LLC, and all persons connected with those entities, from any and all liability and/or claims or damages arising out the use of my child's name, images or recordings.

Child's Name

Parent's Name

Parent's Signature

Date