



# Waiver and Release of Liability

**No participation can be allowed in CCPA or CCPA Education until this Waiver and Release of Liability is completed and submitted.**

In consideration of my being permitted to participate in the activities of Covina Center for the Performing Arts (CCPA), I, \_\_\_\_\_, for myself, my heirs, executors, administrators, successors, and assignees agree to waive, release, and discharge any and all claims for damages for death, personal injury, property damage, property loss, or advertising injury which I may have, or which may hereafter accrue to me, as a result of my participation in the activities of CCPA.

This release is intended to discharge in advance CCPA, a non profit organization, its officers, trustees, officials, servants, representatives, and volunteers, the owner, curators, lessors, agencies (including but not limited to Federal, State, County, City, or any public entity,), managers of any lands upon which the activities take place, from and against any and all liability arising out of or connected in any way with my participation in said activities, even though that liability may arise out of, be contributed to, occasioned by, or directly caused by the negligence or carelessness on the part of the persons or entities mentioned about, their agents, official, representatives, or servants.

I further understand that serious accidents can occur as a result of rehearsals, productions, performances, set building, lighting, costume preparation, and other activities engaged in by stagehands, volunteers, and performers. Those accidents can cause bodily injury or property damage as a consequence thereof. Knowing the risks of the theater production, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned about who (through negligence or carelessness) might otherwise be liable to me (or my heirs, representatives, or assignees) for damages.

It is further understood and agreed that this waiver, release, and assumptions of risk to be binding on my heirs, representatives, and assignees.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Address: \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_