

Youth Arts Academy Individual Liability Waiver

3800-A Mykonos Ln. San Diego, CA 92130

Participant's Name

Participant's Age

1. AGREEMENT TO ABIDE BY STUDIO POLICIES

I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions given by employees, representatives, or agents of Youth Arts Academy or BGCSDTO.

2. ASSUMPTION OF THE RISKS

Participation in Studio Rental carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in Studio Rental. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

3. INDEMNIFICATION AND HOLD HARMLESS

I also agree to INDEMNIFY AND HOLD HARMLESS the Released Parties from all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees brought as a result of my involvement in Studio Rental and to reimburse them for any such expenses incurred.

4. SEVERABILITY

The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

5. ACKNOWLEDGMENT OF UNDERSTANDING

I have read this waiver of liability, the Studio Rental Policies, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Print Name

Signature

Date

For Minors:

Parent/Guardian Name

Parent Guardian Signature

Date

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6. EMERGENCY CONTACT

Emergency Contact Name Emergency Contact Number

Emergency Contact Name Emergency Contact Number

EMERGENCIES

In case of emergency, I give my permission for emergency medical treatment of myself or my child and for transportation to such treatment.

Yes, I grant permission _____ (Initial) No, I do not grant permission _____ (Initial)

PHOTO/VIDEO CONSENT

Photographs/videos may be taken during The Activity. These photographs/videos may be used for future Boys & Girls Clubs of San Dieguito promotional material. Please indicate whether you will or will not grant permission to use participant's photo for these purposes.

Yes, I grant permission _____ (Initial) No, I do not grant permission _____ (Initial)