



JACOB'S PILLOW PARTICIPANT WAIVER & RELEASE OF LIABILITY

National Medal of Arts | National Historic Landmark

As a condition of _____'s (the "participant") participation in Jacob's Pillow ("JP") activities (including, but not limited to, the audition master class, workshop, dance class, dance festival, special event or any other JP-facilitated activity, collectively referred to herein as "Activities"), the undersigned hereby acknowledges and agrees to the following:

- 1. The undersigned certifies that the participant is physically fit and able to participate in the Activities, and has not been advised otherwise by a medical professional.
2. The undersigned and the participant agree that the participant will fully comply with the applicable laws, policies, rules, regulations, terms and conditions in connection with the participant's participation in the Activities, including JP standards of conduct and supervisory instructions.
3. The undersigned acknowledges and fully understands that the participant will be engaging in activities that may involve risk of serious injury, including permanent disability and death. These risks include, but are not limited to, those caused by: (a) the actions, inactions or negligence of JP and its students, faculty, employees, participants, volunteers, guests and spectators; and (b) the condition of the premises or equipment used.
4. The undersigned, on behalf of the undersigned, the participant, and their heirs, next of kin, executors, personal representatives, administrators, successors and assigns, hereby waive, release and discharge JP and its administrators, trustees, directors, officers, employees, students, contractors and agents (collectively, the "Releasees"), from any and all claims for damages, injuries, losses, liabilities and expenses (including, but not limited to, the participant's death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue as a direct or indirect result of the participant's participation in the Activities) which the undersigned may have or which may subsequently accrue to the undersigned, arising out of, relating to, or resulting from the participant's participation in the Activities.
5. The undersigned acknowledges that the undersigned is solely responsible for all medical and other costs the undersigned may incur in connection with the participant's participation in the Activities.
6. The undersigned intends that this Waiver and Release shall be construed broadly to provide a waiver and release to the maximum extent permissible under applicable law.
7. The undersigned acknowledges and fully understands that the JP Activities may be digitally photographed or recorded and that JP is the sole owner of the materials.

I, the undersigned, affirm that I have read and fully understand this Participant Waiver and Release of Liability and hereby acknowledge that the undersigned and the participant are aware of the dangers and risks to the participant's person and property by participating in the Activities.

I, the undersigned, affirm the following: (please check one)

- ___ I am 18 years of age or older and I am competent to contract in my own name
___ I certify that I am the parent or legal guardian of the below named minor participant

Name of Minor: _____ Age of Minor: _____

Name of Parent or Legal Guardian: _____

Acknowledgement:

By signing below, I acknowledge that I have read and fully understand the contents, meaning and impact of this Waiver and Release of Liability.

X Signature _____ Date: _____

Name (please print): _____

Address/City/State/Zip: _____

Phone: _____ Email: _____

Emergency Contact for Participant:

Name: _____ Phone: _____ Relationship: _____