



Waiver of Liability

Participant's Name _____ Date of Birth _____

I am aware that during any of the APA activities, including without limitation rehearsals, trips, and performances, certain hazards may occur, including but not limited to, the hazards of accidents or illness, which may occur at places without medical facilities, hazards created by the forces of nature and hazards of travel by air, train, bus, automobile, and other means, including walking.

I, the undersigned participant of the Glory Independent Winterguard, or the parent/guardian of the above listed participant if he/she is under the age of eighteen, acknowledge and fully understand that each participant of the Glory Independent Winterguard will be engaging in activities that involve risk of serious injury which might result not only from the participant's action, inaction, or negligence, but also the action, inaction or negligence of others.

Accordingly, I acknowledge, fully understand, and agree that I assume all the foregoing risk and accept personal responsibility for the damages following such injury and hereby release, discharge, covenant to indemnify and not to sue, Arsenal Performing Arts Inc. or Winter Guard International, Inc., or any of their instructors, managers, employees and associated personnel, officers, directors, agents members, volunteers, and representatives from any and all liability to the undersigned, his/her heirs and next of kin, against any and all claims by or on behalf of the participant as a result of the participant's participation in the Glory Independent Winterguard.

I have read the above waiver/release and understand that I have given up substantial rights by signing this release and sign below voluntarily. If I am the parent or legal guardian of a participant under the age of 18, I give my permission to the named participant to participate in all activities arranged by Arsenal Performing Arts Inc.

Parent/Guardian signature required if participant is under 18 years of age at time of signing. Witness signature required for Parent/Guardian Signature.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Adult Witness Signature _____ Date _____

Witness Name (please print) _____