

CLASS ACT/SoDo Theatre Liability Waiver, Medical Release & Photo Release

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that by participating in programs/activities organized or administered by Class Act Champaign, LLC, its affiliates, members, managers, employees, instructors or agents (which are collectively referred to herein as "Class Act") or conducted on the property leased owned by Class Act, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participation in any and all activities associated with Class Act and SoDo Theatre.

I recognize and acknowledge that there are certain risks of physical injury to participants in Class Act programs and activities, and I agree to assume full risk of injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with Class Act programs. I agree to waive and relinquish all claims I or my minor child/ward may have against Class Act, including, but not limited to Jaclyn Loewenstein, Kat Downs, Judy Gibbons, Donna Warwick, as a result of participating in Class Act programs.

I do hereby fully release and forever discharge Class Act and SoDo Theatre from any and all claims, demands, actions or judgments for injuries, damages, or loss to person or property, known or unknown, that my minor child/ward or I have or may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities. To the extent that I or my child/ward uses any equipment, props, or other personal property owned, leased or used by Class Act, I release Class Act from any injuries arising from the use thereof. I will defend, indemnify and hold Class Act harmless against any claims, damages, costs or expenses resulting from any accident, injury, or loss to person or property which results from any act, omission or neglect by myself or my child/ward.

I understand and acknowledge that I have provided the releases, waivers, assumptions of risk and any other covenants (collectively, "Releases") contained herein voluntarily and for and in consideration of my ability and/or my child/ward's ability to participate in Class Act programs and that all such Releases shall be binding my myself, my spouse, other family members, heirs, legal representatives and assigns. I further understand and acknowledge that this waiver, release and assumption of risk is intended to be as broad and inclusive as permitted by the laws of the state of Illinois and if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full force and legal effect.

I recognize and acknowledge that it is my responsibility to provide prompt pickup for my child/ward after Class Act programs. I recognize and acknowledge that Class Act & SoDo Theatre employees will not be responsible for monitoring my child/ward's activities after the designated ending time.

CONSENT TO MEDICAL TREATMENT

In the event of an emergency, I authorize Class Act to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of all hospital and medical charges incurred. _____ Yes _____ No

PHOTO/VIDEO RELEASE

I authorize Class Act to use my/my child's image (photo, video, audio) for use in advertising and promotional material. _____ Yes _____ No

I have read and fully understand the above Waiver and Release of All Claims, Consent to Medical Treatment, and Photo/Video Release.

Child's Name (print) _____

Parent's Name (print) _____

Signature of Parent/Guardian _____ Date _____