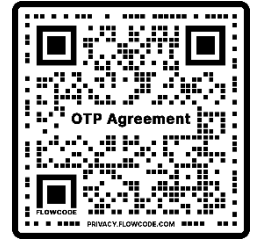


Participation Agreement

This agreement specifies the relationship between Old Town Playhouse, Inc. (OTP) and a person working on an OTP project (production, facilities, event, etc.). There are three parts to this agreement, and all three are included when this agreement is acknowledged.

The undersigned, on behalf of themselves and their minor children, named below, (hereafter collectively and individually referred to as "the participant"), acknowledge the following:



Scan to Fill Out Online

RELEASE OF LIABILITY - While working on an OTP project, the participant may participate in activities involving risk of injury to person or property, and that the participant assumes all responsibility for all such risk. Other than as set forth below, the participant certifies that they are in good health, with no condition, illness or abnormality which might subject them to undue personal risk from engaging in such activities. In the event of any emergency requiring medical care, OTP is hereby authorized to use its best efforts to obtain whatever medical treatment is deemed necessary or appropriate under the circumstance, without regard to location. To the extent permitted by law, the undersigned on behalf of the participant hereby specifically release, waive, discharge and covenant not to sue OTP with respect to any or all liability to the participant, their heirs, personal representatives and assigns for any loss or damage, and any claim or demand therefore, on account of injury to person or property, including death, unless caused by the gross negligence or willful misconduct of OTP while the participant is in, on or about any premises of OTP or using any of the facilities or equipment or participating in any program affiliated with OTP without regard to location. The undersigned agrees that this Release of Liability is intended to be as broad and inclusive as is permitted by the laws of the State of Michigan and if any portion is held invalid the balance shall continue in full force and effect. The undersigned understands that OTP has the right to dismiss any person whose actions or attitude are deemed detrimental to OTP and/or other participants of OTP.

MEDIA RELEASE - The participant consents and agrees that OTP, its employees, or agents have the right to take photographs, videotape, or digital recording of the participant and to use these in any and all media, now or hereafter known, and exclusively for the purpose of promoting OTP, its shows and volunteers. The participant further consents that their name and identity may be revealed therein or by descriptive text or commentary. The participant hereby releases to OTP, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market copies. The participant waives any right, claims or interest to control the use of their identity or likeness in whatever media used, in connection with OTP. The participant further waives any right they may have to any compensation for said use.

RECEIPT OF PRODUCTION MANUAL - The participant acknowledges that they have received and read the OTP Production Manual available on the OTP website at oldtownplayhouse.com/volunteer/production-manual, and that they have had the opportunity to ask questions regarding the Production Manual. The participant understands that volunteers who do not adhere to the boundaries, procedures, and/or expectations of the Old Town Playhouse may have their ability to volunteer with OTP limited, restricted, and/or ended, at any time, in OTP's sole discretion, including but not limited to: canceling a rehearsal; canceling or postponing a production; reassigning roles or duties; and dismissing or replacing members of the cast, crew, and/or production management team.

Please Print.
All Information is Required.

_____	_____	_____	_____
Participant Name	Participant Signature (if 18 years or older)	Date	
_____	_____	_____	_____
Parent/Legal Guardian Name (if volunteer is under 18)	Parent/Legal Guardian Signature	Date	
_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	_____
Email	Phone	For (show/project, role)	

Food Allergies or Preferences (OTP may provide food on long days. What should we avoid or include?)

NOTE: Old Town Playhouse does not share, sell, or disclose volunteer contact information to any third party. Old Town Playhouse may send periodic information and news via email from which you may unsubscribe at any time.