

EPISD 2024 Live on Stage Musical
RELEASE AND WAIVER
PARTICIPANT

Every Participant must have a completed and signed release form to turn in at registration in order to participate. All areas must be completed.

Minor's Name	Name of Parent/Legal Guardian	Name of Event
Address	Parent/Legal Guardian Email	City, State of Event
City, State & Zip	Home Campus	Event Dates
Cell Phone Number	Home Campus Address	Campus for Event
Participant Email	Campus City, State & Zip	

Liability Release

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged.

I _____, as parent or legal guardian of _____, a minor, hereby grant the permission to allow minor to participate in the above ("2024 Live on Stage Musical") to be conducted by El Paso Independent School District. I, in my own behalf and on behalf of the Minor, further agree to release and hold harmless Bowie High School, EPISD, Sponsors, Hosting Site, and premises the event will occur (Bowie High School 801 S. San Marcial, El Paso TX, 79901) and their respective directors, officers' representatives, members, agents and employees of El Paso Independent School District (EPISD). Hereinafter collectively "Releases" from all liability, whether caused by the negligence of the Releases or otherwise for any claim, judgement, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of connection with the event, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that Minor may incur or sustain during the event. All activities associated with the event and while traveling to and from the site for the event whether the Event occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting the Minor in any way from the foregoing activities. I further agree to reimburse and make good to Releases any loss, or costs Releases may have to pay as a result of any such action, claim or demand.

I, on my own behalf and on behalf of the Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, on my own behalf of the Minor, am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumptions of the risk of injury or illness. I, on my own behalf and on the behalf of the Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: _____ **Date:** _____

Medical Release

I, on my own behalf and on behalf of the Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, on my own behalf and on behalf of the Minor acknowledge that the Minor is assuming the risk of such illness or injury by participating in this event. In the event of such illness or injury, I authorize EPISD Fine Arts Department Staff to obtain necessary medical treatment for the Minor and hereby, on my own behalf and on behalf of the Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor sustains during the Event and while traveling to and from the site for the Event whether the Event occurs.

Appearance Agreement

I understand that as participant and/or a spectator at the Event, the Minor may be included in videotapes, photographs, DVDs, podcasts, and videocasts taken during the Event. Therefore, without reservation or limitations, I, on my own behalf and on behalf of the Minor, hereby assign, transfer and grant to EPISD Fine Arts Department, its successors, assignees licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape the Minor and to utilize such videotapes and photographs and Minor's name, face, likeness, voice and appearance as a part of the Event. In advertising and promoting the Event or in advertising and promoting similar future events or advertising and promotions related to EPISD 2024 Border Dance Competition, and for any other use or purpose whatsoever, without reservations and limitations. I further understand that neither EPISD Fine Arts Department nor any third party is under obligation to exercise any of the foregoing rights, licenses and privileges. I, on my own behalf and on behalf of the Minor, waive any right to inspect or approve materials related thereto.

Third Party Agreement

I understand that EPISD Fine Arts Department and Bowie High School from time to time disclose participants/campus information to third parties who agree to the confidential nature of the information.

Supervision

A chaperone/adult (age 21 or older) is required to attend with participants. This chaperone will be responsible for the participants at all times, including but not limited to choir/theatre/dance practice outside of the Event, free time at Event site. The Releasees are not responsible for participants supervision.

Event Rules

I further acknowledge and understand that EPISD Fine Arts Department has established rules and regulations pertaining to conduct, behavior and activities of all Event participants by which Minor and I agree to abide during the Event, and that the Minor and I will be responsible for his/her/their/my failure to abide by those rules and regulations. Minor and I have received, read and understand the Event rules. Minor and I understand that violation of the rules can result in dismissal from the Event.

Insurance Information

The following information is REQUIRED for participation.

Parent(s)/Legal Guardian Name: _____

Insurance Company & Address: _____

Medical Insurance Policy/Group # - REQUIRED: _____ Insurance Company Phone #: _____

Emergency Information

Name to Contact: _____ Emergency Contact Address: _____

City, State, Zip: _____ Cell Phone #: _____ () _____

Daytime Telephone: _____ () _____ Evening Telephone: _____ () _____

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her/they to the Event and he/she/they shall consume the prescribed dosage for such medications. **EPISD Fine Arts Department will not administer nor supply any type of medication at the Event.**

Medications (if any): _____

Allergies (if any): _____

I acknowledge that the Minor suffers from the following condition(s): _____

Family Doctor: _____ Phone #: () _____ Minor's Birthdate: _____ / _____ / _____

I, on my own behalf and on behalf of the Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, on my own behalf and on behalf of the Minor, am aware that this Participant Release and Waiver Form Releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, on my own behalf and on behalf of the Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that Event will occur. I, on my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: _____ Date: _____

Relationship to Minor: _____

I, identifies above as Minor, acknowledge that I have read this Release and Waiver Form

Signature of Minor: _____ Date: _____

Witness Initials: _____ Address _____ Date _____