PARTICIPATION WAIVER
Updated 07/09/2020

If you or your child is involved in a Christian Youth Theater class or production, you are hereby advised that our organization does not carry Workman's Compensation Insurance for participants or volunteers. You, on behalf of yourself, participating child(ren) and representatives, heirs, next of kin (collectively hereafter “You”), hereby acknowledge and agree that the novel coronavirus infections (“Covid”) have been confirmed throughout the United States including California. By participating in the CYT program You represent that neither You nor anyone in Your household have recently exhibited (or are exhibiting) any symptoms commonly attributed to Covid. If You or Your child should suffer an injury or illness (including without limitation, Covid) while participating in our production, You will be personally responsible for your medical or injury related expenses and You agree to indemnify and hold harmless CYT with respect to any injury or illness and You hereby release waive and discharge CYT from any claims relating thereto. You expressly and knowingly waive all rights under California Civil Code section 1542 which provides: “A general release does not extend to claims that the creditor or releasing party does not know or suspect to existing in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party”.

By signing this waiver, you agree to monitor your health or that of the participant and alert CYT of the onset of any COVID-19 like symptoms including a temperature of 99 degrees or higher, and any cold, flu-like symptoms. I also acknowledge that if a participant is diagnosed with COVID-19 while enrolled in a CYT program, that CYT will notify all participants and their parent/guardian of the exposure. CYT reserves the right to cancel the program at any time for this reason. Additionally, in the case of cancellation due to COVID-19 exposure, no refunds or credits will be offered.

I also give permission to the designated adult supervisor in charge to secure emergency medical treatment for the minor involved. Additionally, I hereby authorize and consent that CYT shall have the absolute right to copyright, publish, use, sell or assign any and all photographs, portraits or pictures, television spots, movie films, videotapes and/or sound recordings, or any part thereof, that have been taken of my child, or in which my child may be included in whole or in part.

Student Name: ________________________________________________________________

Program Name: ______________________________________________________________

Parent/Guardian Name: _________________________________________________________

Parent/Guardian Signature: __________________________ Date: ______________