

# MILWAUKEE REP EDUCATION

## ADULT ACTING CLASSES LIABILITY WAIVER

I am aware that my participation in the Adult Acting Classes can be a dangerous activity, and risks include the possibility of minor to severe injury. I understand and voluntarily assume that risk. I agree that I will follow all safety precautions, verbal and written, given to me by the instructor. I acknowledge that failure to do so may have results on my continued participation in this and future classes at Milwaukee Repertory Theater.

I certify that I am physically able to participate in this activity and will further hold Milwaukee Repertory Theater and all representatives thereof, including the class instructor, harmless for any injury sustained in the course of this event due to any physical defect or condition that I may have, whether now known or hereinafter discovered.

I agree to hold harmless and indemnify Milwaukee Repertory Theater against any claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees brought as a result of my involvement in class.

I understand that the nature of these activities may require close and intimate physical contact with other participants and/or instructors. I understand that this physical contact is necessary and inherent in the context and instruction of the material. I acknowledge and understand that it is my right to decline participation in any event with which I feel uncomfortable or unsafe, that it is my right to vocalize my feeling concerning the training, and that at any time I may choose to immediately cease activity or involvement.

Payment of Injury Expense: I understand that Milwaukee Repertory Theater does not maintain accident medical insurance for any injuries resulting from this event, including any injuries sustained while en route to or from this event. It is my responsibility to provide medical insurance or other financial means of paying for any and all activity-related injuries.

By signing this document, I affirm that I have read the statements above and fully understand the contents, consequences and implications.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please do not hesitate to reach out to Auburn Matson, Education Administrator ([amatson@milwaukeerep.com](mailto:amatson@milwaukeerep.com)) if you have any questions, concerns, or hesitations in regards to liability waiver.*