

Waiver, Release and Indemnity

I, the undersigned, wish to participate in the Villanova Theatre Production of “_____” (including, without limitation, all rehearsal activities) scheduled to take place at or in the vicinity of the Villanova Theater at Villanova University from _____, 20__ through _____, 20__ (the “Activity”).

I fully recognize that certain risks are involved with my participation in the Activity (including, without limitation, falling, slipping, colliding and other risks typically associated with theater productions), and I voluntarily assume those risks for myself, my estate, personal representative, heirs, legatees, devisees and anyone claiming by or through me (collectively, the “Releasers”). Such risks may include, but not be limited to, loss of or damage to property or illness or physical injury, up to and including death.

I represent that I do not have any physical or medical condition that would prohibit me from, or materially increase the risk to me of, participating in the Activity and that I have adequate insurance to cover any medical expenses for any injuries that may arise out of the Activity. I agree that I am responsible for all of my losses, liabilities and expenses, including any medical expenses incurred in connection with the Activity. I understand that University does not carry or maintain health, medical or disability insurance coverage for participants in the Activity and that such insurance is required for me to participate in the Activity. I hereby authorize Releasees (hereafter defined), at their discretion, to administer to or seek for me first aid and other emergency medical services (including, without limitation, the Heimlich maneuver, mouth-to-mouth resuscitation, cardio-pulmonary resuscitation (CPR) and defibrillation). My health insurance information is as follows:

Name of Provider

Policy Number

I AGREE THAT I WILL NOT HOLD VILLANOVA UNIVERSITY, OR ITS RESPECTIVE TRUSTEES, PRINCIPALS, OFFICERS, EMPLOYEES, AGENTS, STUDENTS OR VOLUNTEERS (THE “RELEASEES”) RESPONSIBLE FOR ANY INJURY I MIGHT INCUR IN CONNECTION WITH THE ACTIVITY OR SEEK DAMAGES FROM THE RELEASEES IN ANY FORM, AND I HEREBY WAIVE AND RELEASE ANY AND ALL CLAIMS AGAINST THE RELEASEES FOR PERSONAL INJURY, INCLUDING DEATH, ARISING IN ANY WAY OUT OF MY PARTICIPATION IN THE ACTIVITY AND AGREE TO INDEMNIFY AND HOLD EACH RELEASEE HARMLESS FROM ANY SUCH CLAIMS. I RECOGNIZE THAT THIS RELEASE MEANS I AM GIVING UP, AMONG OTHER THINGS, RIGHTS TO SUE THE RELEASEES FOR INJURIES, DAMAGES OR LOSSES THAT I MAY INCUR. I ALSO UNDERSTAND THAT THIS RELEASE BINDS ME, AS WELL AS MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS.

I certify that I have read and understand the above statements and that they are true and accurate, and that the signing of this Waiver, Release, and Indemnity is completely voluntary.

READ ABOVE CAREFULLY BEFORE SIGNING BELOW.

Participant’s Printed Name

Participant’s Signature

Date

Participant’s Address and Phone Number

