

TEMPER: Combat Performance Arts/ Casey Hudecki Agreement and Release of Liability

1. In consideration of being allowed to participate in the activities, programs, workshops, actions, and fights created by the named above and to use the techniques, choreography, direction, instruction, and equipment in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the above companies and their officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, even death, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of stage combat or the use of any equipment at the workshop, class, rehearsal, or performance.

(Please initial _____)

2. I understand and am aware that stage combat, including the use of equipment, is a potentially hazardous activity. I also understand that physical activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

(Please initial _____)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in a physical activity or in the use of equipment. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and the use of equipment without the approval of my physician and do hereby assume all responsibility for my participation and activities.

Date	Address: street, number, city, postal code
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E-mail	Telephone(s)
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Signature	Print Name
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Signature	Guardian
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Witness	Witness Print Name
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- In the case of a participant under 18 their legal guardian must sign the above waiver before the participant may take part in any workshop. Please add the participants name for clarity and record keeping.
- We do not sell, rent, swap or otherwise disclose any collected personal/contact information. Such information will only be used to inform the above signed of upcoming workshops, classes, performances, and/or events. The above signed may remove themselves from mailing lists at anytime by sending an e-mail request.