Photo Release Form for The Biz – Academy of Musical Theatre, Inc.

I give permission and consent for pictures or videos to be taken of my son/daughter, _____. I further give permission and consent that any such photographs, digital images, video recordings or similar media may be published and used by ***The Biz – Academy of Musical Theatre, Inc.****, to illustrate and promote the theatre experience, whether it be camp, Youth Productions, promotional events, educational programs, or any other advertising purposes associated with The* ***Biz – Academy of Musical Theatre****. I understand that my child's name will not appear with a picture unless I give my permission in writing.*

Signed (parent or guardian) _____

Date _____

Liability Release Form for The Biz – Academy of Musical Theatre, Inc.

In consideration for my child being permitted to participate in classes or productions with The Biz-Academy of Musical Theatre, Inc. and related events and activities, the undersigned acknowledges and agrees that: as the natural parent and/or as the legally authorized guardian, do hereby for myself, my spouse, my child, and on behalf of my/our heirs, personal representatives, and assigns**,** agree not to sue and hereby release, waive, discharge, hold harmless and indemnify and forever defend The Biz-Academy of Musical Theatre, Inc., individually and collectively, its officers, employees, servants, agents, and directors, from any and all liability, losses, claims, actions, suits, procedures, demands, rights, and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and any consequences thereof, including expenses, costs, and attorney's fees, as may be sustained by my child or me arising out of or in any way associated with my child's participation in any activity sponsored by The Biz-Academy of Musical Theatre, whether by negligence or not, to the fullest extent permitted by law.

I also understand that any medical charges incurred as a result of any injury sustained while participating in any event sponsored by The Biz-Academy of Musical Theatre, Inc., will be my responsibility.

Child's name _____

Medical insurance company _____

Signed (parent or guardian) _____

Date _____