

WAIVER AND RELEASE OF LIABILITY
(Minor)

In consideration of the opportunity to participate in an immersive experience of ARTSWEST's production of AMERICAN IDIOT (the "Experience"), I the undersigned participant, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this Waiver and Release of Liability (the "Waiver"). I acknowledge and accept that the Experience involves traversing around the theater, climbing steps, moving about in an orchestrated fashion, standing as well as sitting, and other forms of movement during the course of a play, and at times in dimly lit areas of the theater. Participants are advised and encouraged to wear walking shoes.

I hereby forever waive and discharge any and all rights, claims, and causes of action of any kind whatsoever, against ArtsWest, a Washington non-profit corporation, as well as its predecessors, successors, affiliates, assigns, directors, officers, managers, members, employees, volunteers, staff, actors, actresses, attorneys, representatives, and donors (collectively, "ArtsWest Parties"), arising out of my participation or involvement in any Experience, which waiver and discharge includes without limitation, any claim, cause of action, or damage associated with any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss that I may suffer as a participant in any Experience. I further acknowledge that I am participating in an Experience entirely at my own risk. I further agree to indemnify and hold harmless the ArtsWest Parties against any and all claims, suits or actions of any kind whatsoever for liability, damage, compensation, and otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if any claim or litigation arises pursuant to any Experience I participate in. I further acknowledge that an Experience may tax an individual's physical and/or mental limits, and that I may withdraw from an Experience at any time, and to the extent I do, I will notify ArtsWest personnel of this; provided, however, I understand that I will not be entitled to any ticket refund if I withdraw from an Experience.

I further acknowledge that I have carefully read this Waiver and fully understand that it is a release of liability. In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. In the event that any provision contained within this Waiver shall be deemed to be severable or invalid, or if any term, condition, phrase, or portion of this Waiver shall be determined to be unlawful or otherwise unenforceable, the remainder of this Waiver shall remain in full force and effect.

In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact: _____
Contact Relationship: _____
Contact Phone: _____

PARENT / GUARDIAN WAIVER FOR MINORS

I hereby certify that I am the parent or guardian of the above-referenced participant _____ ("Minor"), and do hereby give my consent and approval for the Minor to participate in an Experience(s), and provide this Waiver, without reservation, on my behalf and that of the Minor.

Parent / Guardian Name: _____
Relationship to Minor: _____
Address: _____
Phone: _____

Signature: _____ Date: _____