

Midnight Insanity

Performance Waiver



I, _____, (the undersigned) agree to abide by and be held responsible for all conditions and terms set forth in the cast rules as presented to me and as they are updated from time to time. I will not receive payment for any MI performance or event I participate in or any other activity I perform on behalf of MI. I will be held personally responsible for my actions in regard to any MI cast or audience member, functions activities and performances. In the event of an emergency, and if the below referenced Emergency Contact person is unavailable and/or cannot be reached, I hereby grant medical authority to the attendant MI official or their designee.

By signing this waiver, I agree to hold the Art Theatre, or any other venue hosting an MI performance or other activity, their Employees, Owners, MI Members, or Advisors, harmless of any and all liability, direct or indirect, for any damages, injuries or losses I may incur as a result of performance, participation, attendance and/or actions on my behalf.

Additionally, I agree to abide by all COVID-19 rules and regulations including vaccination, mask wearing, and other rules set by the cast, performance venue, or other local government entity. Failure to abide by these rules will result in immediate removal from the performance venue and cast either permanently or until the undersigned is in compliance.

Signature

Date

Witness

PERSONAL INFORMATION

DOB: / / Medical Insurance Provider: _____ Card/ID #: _____

Allergies/Special Conditions: _____

Physician: _____ Phone: () -

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____ Relationship: _____ Phone: () -

Address: _____ City/State/Zip: _____

Emergency Contact: _____ Relationship: _____ Phone: () -

Address: _____ City/State/Zip: _____

Emergency Contact: _____ Relationship: _____ Phone: () -

Address: _____ City/State/Zip: _____