

**2018-2019 CAPA EDUCATION
Informed Consent & Media Release Form**



I recognize that my participation in any workshops, master classes, rehearsals, performances and any other activities offered as a part of CAPA’s education and engagement programs is not without some risk. I hereby confirm that I know of no medical condition that would increase my risk of illness or injury as a result of participating in this program. In case of emergency, I consent to the administration of first aid and/or the dispatching of 911 emergency services.

I hereby release and hold harmless Columbus Association for the Performing Arts (CAPA), the building owners, its agents, employees and independent contractors from any and all liability, damage, expense, causes of action, suits, claims or judgments, arising from injury, damage or loss, or claims of injury, damage or loss to me or my personal property which may arise from my participation in or attendance at the program.

I give permission to CAPA for the use and publication of photos, video and recordings taken of me while participating in any of the workshops, master classes, rehearsals, performances and any other activities offered as a part of CAPA’s education programs. I understand that I will not be paid any royalty or other compensation; and I relinquish any right that I may have to any payment if my photo, video or recording is published or used.

By signing below, I acknowledge I have read the entire Informed Consent and Photo/Video Release Form and accept the conditions stated herein as a requirement to participation in this program.

Name of Program or Event: Spoken Word Workshops and Slam

Name of Participant: _____

Signature of Participant: _____ **Date:** _____

Name of Parent/Legal Guardian _____

(Required if Participant is under age 18)

Signature of Parent: _____ **Date:** _____

(Required if Participant is under age 18)