

## **COMMUNITY THEATRE PARTICIPANT MEDICAL AND PHOTO RELEASE**

For June - July 2026

I, \_\_\_\_\_, acknowledge that I am, of my own free will, participating with Christian Performance Theatre (CPT).

I understand CPT does not carry Workman's Compensation Insurance for participants or volunteers. If I should suffer an injury or illness while participating in a CPT sponsored activity, I will be personally responsible for my medical or injury related expenses. I agree to fully and forever release, discharge, indemnify and hold harmless CPT, its staff, board, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in CPT activities.

I give permission to the designated adult supervisor in charge to secure emergency medical treatment as required for myself.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
parent/guardian (if participant is under 18)

### **PHOTO/SOCIAL MEDIA RELEASE**

I hereby authorize and consent that CPT shall have the absolute right to copyright, publish, use, sell, or assign any and all photographs, portraits, or pictures, television spots, movie films, video-tapes and/or sound recordings, or any part thereof, that have been taken of me, in whole or in part.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
parent/guardian (if participant is under 18)