

**AURORA THEATRE COMPANY**  
**Risk & Release of Liability Form**

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**Participant Name:** \_\_\_\_\_  
**Production Title:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

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**Acknowledgement of Risk**

I understand that participation in theatrical productions, rehearsals, and events with the Aurora Theatre Company may involve physical activity and the use of equipment or props. I acknowledge that such participation carries inherent risks of injury, accident, or property damage.

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**Assumption of Risk**

I freely and voluntarily assume all risks associated with my participation and agree to take full responsibility for any personal injury, loss, or damage that may occur.

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**Release of Liability**

I hereby release and hold harmless the Aurora Theatre Company, its directors, staff, volunteers, and affiliates from any and all liability, claims, or demands arising out of or related to my participation in theatre activities.

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**Medical Treatment**

In the event of an emergency, I consent to receive medical treatment deemed necessary by appropriate personnel and agree to be responsible for any related costs.

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**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Emergency Contact Name & Phone:** \_\_\_\_\_

