

St. Clair County Community Mental Health
CMH Players Participant Release

Case #: _____

Play/Performance: _____

Date(s) of Rehearsals: _____

Date(s) of Performances: _____

I understand and agree to the following:

1. My participation in this performance, rehearsals, and all gatherings related to the performance of this play is entirely voluntary.
2. I understand that all St. Clair County Community Mental Health (SCCCMH) guidelines, rules, and regulations are in effect at all times during the auditions, rehearsals, performances, and any other gatherings of any kind resulting from my participation.
3. I understand and agree that although this performance was organized or sponsored by SCCCMMH, SCCCMMH is not in a position to prevent any injury, illness, loss, or harm that I may suffer in connection with my participation, and I am not relying on SCCCMMH or any of its agents or employees to do so.
4. I hereby expressly assume the risk of any personal or other injury, any loss or damage to property, and any other loss or harm of any kind that I or anyone else might incur in connection with this performance, and I hereby release SCCCMMH and all of its officers, directors, trustees, agents, and employees from any liability, damages, or claims of any kind relating in any way to any such illness, injury, harm or loss.
5. That I may be identified as a recipient of public mental health services.

By signing this release, I acknowledge that I have read it in its entirety, that I understand and fully accept all of its provisions, and that I am knowingly and voluntarily releasing legal claims that I otherwise may have.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name or, if I am less than eighteen years old or have a legal guardian, that my parent or guardian has signed this release form below. This release is binding on me and my heirs, assigns and personal representatives.

Author Signature

Date

Printed Name of Author

Signature of Witness

Date

If individual is under eighteen (18) years old or has a legal guardian, the following section must be completed: I have read and I understand this document. I understand and agree that it is binding on me, my child or ward (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the individual named above.

Signature of Parent/Guardian of Author

Date

Printed Name of Author

Signature of Witness

Date