

Community Players Theatre

Volunteer Participation Form

Today's Date: _____



Thank you for your interest in volunteering at Community Players Theatre, an all-volunteer organization. Volunteers are the lifeblood of our theater community, and through your dedication and skills, and those of your fellow volunteers, Community Players Theatre has been able to provide over 100 years of theater to the Bloomington-Normal community. Whether this is your first or hundredth show, your time and passion are appreciated - If you're open to learning new skills, our talented team will be more than happy to teach you.

.....
Name: _____ Pronouns: _____

Email: _____ Phone: _____

Mailing Address: _____ City, Zip: _____

.....
Volunteer Role: _____

Are you available on weekends? Yes No

Other Areas of Interest (if applicable): _____

Applicable Skills (i.e., Welding, Graphic Design, Light Design, if applicable):

.....
(Optional) Do you have any allergies, dietary restrictions, or other needs that you would like to share?

Are we able to contact you about this and future volunteering opportunities? Yes No

I understand that my participation in the show is contingent upon reading, understanding, and accepting all applicable portions of the Community Players' Production Guidelines, available at communityplayers.org or on request*

You certify that you are over 18 years of age, or if you are under 18 years of age, you have obtained the consent of your parent or legal guardian to sign this form on your behalf.

Signature _____ **Date** _____

IMPORTANT: Please carefully read and review the **INFECTIOUS DISEASE ACTIVITY PARTICIPATION ASSUMPTION OF RISK, RELEASE, WAIVER, AND DISCHARGE** and the **MEDIA RELEASE, WAIVER, AND DISCHARGE** overleaf.

PLEASE TURN OVER

Community Players Theatre

Volunteer Participation Form (Cont.)

Waivers



INFECTIOUS DISEASE ACTIVITY PARTICIPATION ASSUMPTION OF RISK, RELEASE, WAIVER, AND DISCHARGE

Community Players Theatre ("CPT") has put in place preventative measures recommended by the State of Illinois to reduce the spread of COVID-19 and other infectious diseases; however, CPT cannot guarantee that you or anyone else will not become exposed to or infected as a result of participating in this production, it could increase the risk of contracting COVID-19 or any other disease.

THEREFORE, in consideration of being permitted to participate in the production offered by CPT, I understand, acknowledge, and agree to the following:

I have independently evaluated and reviewed the risks of being exposed to or infected with COVID-19 or other infectious diseases and have determined to participate in CPT's production with full knowledge and acceptance of the risk. Fully understanding these risks, I, for myself, my child(ren), my spouse, my legal representatives, heirs, and assigns, hereby agree to assume full responsibility and liability for the risk of bodily injury, illness, permanent disability, and/or death which may result from exposure to or infection with COVID-19 or other infectious diseases before, during, or after participating in the production. I, for myself, my child(ren), my spouse, my legal representatives, heirs and assigns, hereby waive, release, and discharge CPT, its officials, volunteers, attorneys, and agents from any and all liability to me, my child(ren), my spouse, my legal representatives, heirs, and assigns, for any and all losses or damages resulting from bodily injury, illness, permanent disability, and/or death, whether caused by negligence of CPT or its officials, volunteers, attorneys, and agents or otherwise, which claims, losses, and demands arise during or result directly or indirectly from exposure to or infection with COVID-19 or other infectious diseases before, during, or after participating in CPT's production. I also acknowledge that in the event the State or local health department issues a mandatory "Stay at Home" order or mandates the closure of certain programs and/or facilities, participant(s) and CPT will abide by those mandates.

I agree to comply with all mandatory periods of isolation, quarantine, or other measures at the onset of any symptoms (such as fever, vomiting, hacking cough) or after known exposure to COVID-19 or other infectious diseases as dictated by National, State, or local health departments, or as directed by the Board of Governors or authorized agents of Community Players Theatre. I agree not to enter the theater space for the duration of my illness or recommended quarantine.

MEDIA RELEASE, WAIVER, AND DISCHARGE

You hereby grant Community Players Theatre ("CPT"), or its assigned designees, consent to the use of your name, work (physical or digital), voice, likeness, and image (collectively referred to as "Materials") in any and all media, including but not limited to photographs, audio recordings, videos, and interviews, for the purpose of promoting and publicizing the CPT's activities and events.

By signing this media release waiver, you grant the CPT and its representatives the irrevocable right and permission to use, reproduce, distribute, display, transmit, and publish the Materials in any and all media formats, now known or hereafter developed, through any medium, without further compensation or notification to you.

You understand and agree that the Materials may be used in various promotional materials, including but not limited to websites, social media platforms, brochures, newsletters, advertisements, press releases, and any other marketing or promotional materials created by or on behalf of the CPT. You further acknowledge that the CPT retains all rights, title, and interest in the Materials and that this release shall be binding upon you, your heirs, legal representatives, and assigns.

You hereby release and discharge the CPT and its representatives from any and all claims, liabilities, demands, actions, causes of action, costs, and expenses, whether at law or in equity, known or unknown, arising out of or in connection with the use, exploitation, or dissemination of the Materials. You certify that you are over 18 years of age, or if you are under 18 years of age, you have obtained the consent of your parent or legal guardian to execute this media release waiver on your behalf.

Your signature below indicates your understanding, acceptance, and agreement to the terms outlined herein in the **INFECTIOUS DISEASE ACTIVITY PARTICIPATION ASSUMPTION OF RISK, RELEASE, WAIVER, AND DISCHARGE** and the **MEDIA RELEASE, WAIVER, AND DISCHARGE**.

Name of Participant _____

Signature of Participant (Or Parent / Legal Guardian) _____

Producer _____

Director _____

Board Member _____