



LIABILITY WAIVER

Participant Name (Please Print)

First: _____

Last: _____

Participant Birthdate: _____

Date: _____

Shift: _____

By signing this registration form, I understand and accept that Artistic Entertainment Services provides no medical insurance covering activities I undertake as a volunteer, and I agree to assume the risk for any injury, death, or loss of property related to said participation as well as that of any minors who are my dependents.

I agree to make no claims, and waive any and all claims, against Artistic Entertainment Services, their officers, employees, agents, and volunteers, for any injury, damages, expenses, or other incidents, arising from my activities as a volunteer, however caused, other than claims for gross negligence, willful misconduct, or violation of law. I and my dependent(s) are physically able to participate in this activity. I consent to any medical treatment I or my dependents need(s) while involved in this activity, and I agree to pay for it.

I hereby consent to allow myself and my dependent(s) to appear in any video and photography taken for promotional purposes, as well as any other lawful purpose. By signing this document, and accepting this waiver, I confirm that I am 12 years of age or older, that I have fully read this registration form, and that I understand and agree to all of its provisions. I also understand that accepting and agreeing to the terms detailed herein is a condition of my participation in any and all volunteer activities for Artistic Entertainment Services. I further understand and accept that any participants aged 12-17 must have a parent or legal guardian review and agree to all said provisions and sign on their behalf.

Name of Person (or Group) you signed up under (if applicable):

Signature: _____

Parent/Guardian Signature: _____

(required if participant is aged 12-17)

"Where Imagination Takes Shape"

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