LIABILITY WAIVERPLEASE READ BEFORE SIGNING UP:

First:	Last:
Birthdate:	
Date:	Shift:
Services provides no medical insurar	nderstand and accept that Artistic Entertainment nce covering activities I undertake as a volunteer, ny injury, death, or loss of property related to said ninors who are my dependents.
COVID-19 is an extremely contagiou You assume all risks, hazards, and darisk of contracting a communicable exposure to COVID-19 or any other I communicable disease or illness, whithe event, and regardless of how calciaims and potential claims against A Tournament of Roses Association; Cofficers, employees, agents, contract I agree to make no claims, and waive	ID-19 exists in any place where people gather. It disease that can lead to severe illness and death. It angers arising from or relating in any way to the disease or illness—including, without limitation, bacteria, virus, or other pathogen capable of causing wether that exposure occurs before, during, or after used or contracted—and you hereby waive any and a Artistic Entertainment Services; AES Creative; Pasadotty of Pasadena; or any of their affiliates, directors, tors, or volunteers liable for any illness or injury.
expenses, or other incidents, arising caused, other than claims for gross r I and my dependent(s) are physically	rgents, and volunteers, for any injury, damages, from my activities as a volunteer, however negligence, willful misconduct, or violation of law. v able to participate in this activity. I consent to ndents need(s) while involved in this activity,
photography taken for promotional By signing this document, and accept of age or older, that I have fully read and agree to all of its provisions. I also the terms detailed herein is a condit activities for Artistic Entertainment S	If my dependent(s) to appear in any video and purposes, as well as any other lawful purpose. During this waiver, I confirm that I am 12 years If this registration form, and that I understand so understand that accepting and agreeing to a cion of my participation in any and all volunteer dervices. I further understand and accept that we a parent or legal guardian review and on their behalf.
Name of Person (or Group) you signed up und	der (if applicable):
Signature:	
Parent/Guardian Signature:	

(required if participant is aged 12-17)