

PLEASE READ CAREFULLY AND SIGN THE FOLLOWING STATEMENT OF CONDITIONS WHICH CONSTITUTE A FORMAL PARENTAL RELEASE.

After signing this form, please return it to the Jewell Performing Arts Center, Inc. at 10457 Ambassador Drive, Rancho Cordova, CA 95670

In consideration of acceptance for participation in the Scary U Program, the undersigned hereby releases The Jewell Performing Arts Center, Inc., the Cordova Recreation and Parks District, The Sacramento Valley Live Steamers, and their directors, officers, volunteers, agents and employees (hereafter "Scary U staff") from any and all liability, claims, or causes of action, whether based upon negligence, breach of contract, breach of warranty of any other theory of law; it is further agreed by the undersigned to indemnify and hold forever harmless Scary U Staff and all persons acting for it against claims and for all costs and fees arising out of or in any way connected with the following:

1. Any injury regardless of nature or cause, whether resulting or not in death, to the participant son/daughter of the undersigned whether alone or in association with others;
2. Any damage or injury regardless of nature or cause to property of the undersigned or his son/daughter, whether real, personal or mixed;
3. Any taking, publishing or otherwise using photographs or films for promotional purposes of the son/daughter of the undersigned, either alone or with others, during the course of the program as may deemed acceptable by Scary U Staff
4. This event presents many hazards to safety that are unavoidable, including but not limited to: Limited visibility due to darkness, masks, smoke and fog, machinery hazards including moving trains, power tools and animatronic devices, hazards from dealing with the public and other unforeseen hazards.

It is further agreed that Scary U Staff shall have full authority to take whatever action it deems necessary to safeguard the health, safety and well-being of the participant. Such authority shall include authorization to secure medical treatment for the participant including the return of the participant to his home for medical treatment. Such authorization for action shall also be extended to the right to terminate a participant's participation in a program for failure to abide by standards of the program and/or instruction of his/her teacher-guide during the program.

Date: _____

Student Name _____

Name of Parent or Guardian _____

Signature of Parent or Guardian _____