HMTC REGISTRATION FORM ---2021

Hanford Multicultural Theater Company Student and all-staff Registration Form

Date of registration (mm/dd/yyyy): _____

General Information: Registration fee each year is $25 each year per family, or individual adult.
(This helps pay insurance and providing water during classes.)

Name of Student (First, Last): _____ *Sponsorship request?* Yes/No
Birth date (mm/dd/yyyy): _____
Address: _____ City: _____State: _____Zip:_____
Phone: _____ Email: _____
If under 18, parent's name: _____ Phone: _____
What is your acting experience? *(Circle one of the following)*
None --- Some --- More than some --- A lot --- I have been hired professionally

I have taken classes with HMTC before. *Indicate month and year* (mm/yyyy): _____

What classes do you want to take when offered in a session: *(Circle)* Improv --- Acting --- Puppetry --- Writing

What are your goals for acting classes and how can we support those goals?
_____
_____
*Please initial here if you can volunteer for HMTC fundraisers (Initials): _____

If you can, fill out the information. It will only be used for demographics that are requested from the state and for granting opportunities.
CIRCLE preferred pronouns: Her/She/Hers ---He/Him/His ----They/Them/Theirs --- Prefer not to say
CIRCLE ethnicity of the applicant: Latino Caucasian--- African American --- Asian ---Native American ---Mixed
---Prefer not to say --- or Self Identification is _____

HMTC Diversity Policy: We respect and value differences, be they age, race, nationality, ethnic group, sexual orientation, physical ability, health status, religion, educational experience, marital or parental status, or geographical location. We must all be sensitive and responsive to the diversity of the people in our community and those we serve. We believe that this Diversity Statement relates to ethics, social responsibility and in doing what is right. It also translates directly to improving human performance as well as organizational success. Infractions, or persons not promoting a peaceful environment for HMTC participants will be asked to depart the organization. Please check here you agree, and that you will report to administration any violation. _____Yes, I agree. (Initials)

Participants understand that photos and videos will be taken at events and class activities. Your photos may or may not be used on HMTC's Facebook and/or website. You allow for use in commercials and all other uses now existing or hereafter derived, throughout the universe, from the beginning of time to the end of time. _____*Yes, I agree. (Initials)*

** Signature of Acknowledgement: _____

WAIVER AND RELEASE OF LIABILITY
In consideration of the risk of injury while participating in classes, shows, fundraising events (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Hanford Multicultural Theater Company, located at PO Box 296, Hanford, California 93232, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my

participation in the aforementioned Activity, including traveling to and from an event related to this Activity. **I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.**
I agree to indemnify and hold harmless Hanford Multicultural Theater Company against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Hanford Multicultural Theater Company incurs any of these types of expenses, I agree to reimburse Hanford Multicultural Theater Company. I acknowledge that Hanford Multicultural Theater Company and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Hanford Multicultural Theater Company.

I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event. /// **I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Hanford Multicultural Theater Company AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST Hanford Multicultural Theater Company FOR PERSONAL INJURY OR PROPERTY DAMAGE.** To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Hanford Multicultural Theater Company, its agents, and employees. In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This Agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the Participant, and Hanford Multicultural Theater Company agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.
In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.
In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact and Relationship _____
Any health concerns HMTC should be aware about? _____

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Signature _____ Date _____

PARENT / GUARDIAN WAIVER FOR MINORS
In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows: I hereby certify that I am the parent or guardian of _____, and named on page 1, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/Guardian Printed Name_____ Relationship to minor _____
Signature _____ Date_____