2019-2020 CAPA MARQUEE AWARDS Informed Consent & Media Release Form



I recognize that my participation in any workshops, master classes, rehearsals, performances and any other activities offered as a part of the 2019-2020 CAPA Marquee Awards program is not without some risk. I hereby confirm that I know of no medical condition that would increase my risk of illness or injury as a result of participating in this program. In case of emergency, I consent to the administration of first aid and/or the dispatching of 911 emergency services.

I hereby release and hold harmless Columbus Association for the Performing Arts (CAPA), the building owners, its agents, employees and independent contractors from any and all liability, damage, expense, causes of action, suits, claims or judgments, arising from injury, damage or loss, or claims of injury, damage or loss to me or my personal property which may arise from my participation in or attendance at the program.

I give permission to CAPA for the use and publication of photos, video and recordings taken of me while participating in any of the workshops, master classes, rehearsals, performances and any other activities offered as a part of the 2019-2020 CAPA Marquee Awards program. I understand that I will not be paid any royalty or other compensation; and I relinquish any right that I may have to any payment if my photo, video or recording is published or used.

By signing below, I acknowledge I have read the entire Informed Consent and Media Release Form and accept the conditions stated herein as a requirement to participation in this program.

Name of Program or Event:	CAPA Marquee Awards Program
High School:	
Name of Participant:	Age of Participant:
Signature of Participant:	Date:
Name of Parent/Legal Guardia	n
Signature of Parent:	Date:

REMINDER - CAPA only needs 1 form per student for the 2019-2020 school year, so if you have already submitted a form, you do not need to submit another one

Questions? Contact us at marqueeawards@capa.com