



CAPITOL ROOTS STUDIO & PRODUCTIONS
LIABILITY WAIVER FORM

Capitol Roots Studio & Productions and Associates reserve the right to void this agreement for any action that is undesirable on the part of the participant.

The undersigned stipulates that he/she is fully insured by an accident or medical insurance policy that will cover any personal injury or illness that may occur as a result of activities related to his/her participation while on the premises or of the participation of event of Capitol Roots Studio & Productions and Associates.

I, hereby release Capitol Roots, its agents, servants, and employees, and any other persons, sponsors, associations and business entities in any way associated in this organization, from any and all liability due to injuries that I may incur as a result of my attendance and/or participation during any activities.

I hereby waive any compensation whatsoever for the use of pictures or video production of me to be utilized by those associated with this organization, for any profit-making at anytime.

I have read the "Waiver of Injury" & "Media Waiver & Release" above, and I understand and agree to abide by the rules associated with participation. I also assume all responsibility and any associated liability for infringement of such rules. Additionally, I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to participate.

I. EMERGENCY CONTACT INFORMATION #1:

DATE: _____

LAST NAME:	FIRST NAME:
RELATIONSHIP TO STUDENT:	
STREET ADDRESS:	APT/UNIT #:
CITY:	STATE / ZIP:
HOME PHONE: () -	WORK PHONE: () -
CELL PHONE: () -	

II. HEALTH CONDITIONS & MEDICATIONS:

a. Any medical conditions Capitol Roots should be aware of?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (If yes, please describe below)
b. Any medications the student is currently taking?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (If yes, please describe below)

Student Name (First & Last): _____

Student/Guardian Print Name (First & Last): _____

Student/Guardian Signature: _____ **Date** / / **2010** _____

CR Personnel Signature: _____ **Date** / / **2010** _____