

RELEASE, ASSUMPTION OF RISK, AND AGREEMENT

In consideration of this entry being allowed to participate in the Lip Sync Battle, I personally assume all risks in connection with this event. I release the Ionia Chamber of Commerce, Ionia Theatre, and the City of Ionia, the sponsors, and their representatives and successors from any claim by me or my family, estate, heirs or assigns, for injury or damage which may occur to my participating in this event. I have signed the release freely and voluntarily and have a full understanding of its contents, having read it in full and acknowledging by my signature that I am bound by the provisions herein. I understand and intend that I will be legally bound by it. I also confirm that I am physically fit and qualified to participate in this event. I, the undersigned, INTEND TO BE LEGALLY BOUNDED HEREBY WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES WHETHER BASED UPON NEGLIGENCE OR ANY OTHER THEORY OF LAW, which I, my child, ward, or heir and our parents, guardians, heirs, executors, representatives, administrators, and assigns may have against the City of Ionia, Ionia Chamber of Commerce, and the Ionia Theatre, any affiliates or subsidiaries, officers, directors, shareholders, agents, employees associated with said corporations and associations, the municipalities or counties in or through which the program or events take place or are conducted, as well as any other person, entity or sponsor connected with such programs or events, and their heirs, executors, representatives, administrators, successors, assigns, affiliates, officers, subsidiaries, directors, shareholders, employees or agents, FOR ANY AND ALL INJURIES INCLUDING DISABILITATING INJURY AND/OR DEATH OR DAMAGES WHICH I MAY SUFFER while taking part in such programs of events as a result thereof.

PHOTO WAIVER RELEASE

I give permission for my photo to be used for publicity purposes. I waive any right I have to review and inspect any photograph or to receive compensation for use of said photograph.

I have read the above information and statements and fully understand the contents, consequences and implications of signing the document.

Printed Name

X _____
Signature Date

X _____
Parent/Guardian Signature required of Participant of Minor Age (under age of 18)

All money will be donated to the Ionia Theatre for restoration and maintenance.