

### **INFORMED CONSENT/WAIVER - THEATRICAL PERFORMANCE (Annual)**

I, \_\_\_\_\_ (students name), will be participating in an activity  
with \_\_\_\_\_ (name of organization) on a trip or at Rutgers University for the  
\_\_\_\_\_ (date or date range).

I recognize and acknowledge the following:

- My participation in this activity is voluntary and is neither required nor is it part of any course or curriculum requirement.
- That I am physically able to participate in the activity and know of no disability that would prevent my participation;
- That while I am on the trip there are risks of bodily injury or property damage caused by or resulting from slips, trips, falls and other forms of physical harm.
- That travel to and from the site via \_\_\_\_\_ (mode of transportation) entails risks of bodily injury or property damage.
- That in the event that a need for emergency medical services arises, I authorize and consent to such service being provided and assume the cost thereof;
- That participation is voluntary and it is at my own risk;
- That I understand that alcohol is prohibited at Rutgers University events. If I am found in possession of alcohol during any part of this trip or event at Rutgers University, including travel to and from the site, I will be removed from \_\_\_\_\_ (name or student organization) and will face all judicial ramifications.
- My participation as a performer/crew member/musician is voluntary and is neither required nor is it part of any course or curriculum requirement.
- I acknowledge that theatrical productions are dangerous and voluntarily assume the risks of bodily injury and property damage, which may be incurred as a result of participating in these activities. I agree to assume all risks of personal injury, including, but not limited to, paralysis and death, that may occur while I am participating in the theatrical production or while I am in the theater space at any time.
- I understand that the student organization is providing rented or company-owned costumes, set pieces, lighting equipment, sound equipment and scripts for my use during this production. I accept responsibility for all items while in my possession and understand that I will be held financially



responsible for the cleaning, repair or replacement of such items. Furthermore, I understand that while I am using any of the provided items, I will respect their care and will return them in the condition received to the student organization upon the conclusion of the show. I understand that if any of the articles of clothing are lost, stolen, or damaged I am fully responsible for reimbursing the company.

- That while participating in this theatrical production, there is a risk of bodily injury or property damage caused by or resulting from trips or falls.

Notwithstanding these risks, I, for myself and assigns do waive, release and discharge Rutgers, The State University of New Jersey, its governors, trustees, officers, employees, agents, the student organization, its officers, agents, trip leaders, activity coordinators, or members from any and all claims, demands, actions, causes of actions, costs and expenses for and by reason of any personal injury, death or property damage, loss and expense, which heretofore have been or hereafter may be sustained or suffered by me in consequence of and as a result of a certain accident, casualty or event or my presence or activities in connection with this participation. I also agree to indemnify and hold harmless Rutgers for injuries sustained either to me and/or caused by me to others during this participation. Furthermore, I acknowledge that the risks outlined above are not intended to be all-inclusive and voluntarily accept all risks known or unknown.

It is further understood and agreed that this waiver, release, indemnity and assumption of risk is to be binding on my heirs and assigns.

\_\_\_\_\_  
Participant's Name (Print)

\_\_\_\_\_  
RUID

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact's Name

\_\_\_\_\_  
Emergency Contact's Phone Number

I have the following health conditions and/or allergies that trip coordinators should be aware of:

\_\_\_\_\_

\_\_\_\_\_  
Health Insurance Carrier's Name (non-Rutgers guest only)

\_\_\_\_\_  
Policy Number (non-Rutgers guest only)