

After Twilight Productions, Inc.

5534 Saint Joe Rd., Fort Wayne, IN 46835 | (317) 703-4636 | staff@aftertwilight.org

CONSENT FOR MINOR TO PARTICIPATE AND WAIVER OF LIABILITY

_____ (hereafter referred to as “the minor”)

Print Minor's Legal Name

does hereby state that they wish to participate in activities sponsored by the organization known as After Twilight Productions, Inc., an Indiana non-profit corporation (hereafter “ATP”). ATP has rules which govern and may restrict the activities in which the minor can participate. These rules include, but are not limited to: Corpora, the By-laws, and the Rules for activities.

Events held by ATP may contain adult themes but are representations of those things and not actual performances. These may include but are not limited to topics of drugs, sex, and alcohol. While there will be none of these activities at events, there may be graphic descriptions entailing these things. Discretion is advised.

The ATP makes no representations or claims as to the condition or safety of the land, structures, or surroundings, whether owned, leased, operated, or maintained by ATP.

The minor's parent(s) or guardian(s) understand that all activities are VOLUNTARY and that the minor does not have to participate. It is understood that by participating, the minor's parent(s) or guardian(s) voluntarily accepts and assumes the risk of injury to the minor or damage to the minor's property.

It is understood that the ATP does NOT provide any insurance coverage for the minor's person or property; and minor's parent(s) or guardian(s) acknowledge that they are responsible for the minor's safety and the minor's own health care needs, and for the protection of the minor's property.

In exchange for allowing the minor to participate in these ATP activities and events, the minor by and through the undersigned, agrees to release from liability, agrees to indemnify, and hold harmless the ATP, and any ATP agent, officer, or ATP employee acting within the scope of their duties, for any injury to the minor's person or damage to the minor's property.

This Release shall be binding upon the minor, the parent(s) or guardian(s), any successors in interest, and/or any person(s) suing on the minor's behalf.

The minor's parent(s) or guardian(s) understand that this document is complete unto itself and that any oral promises or representations made to them concerning this document and/or its terms are not binding upon ATP, its officers, agents and/or employees.

PARENT OR LEGAL GUARDIAN MUST SIGN BELOW:

I, the undersigned, state that I am the parent or legal guardian of the minor whose name appears above. I understand that the above terms and conditions apply to said minor and to myself. I further understand that said minor cannot participate under ANY circumstances without parental. The minor will not be able to participate in any ATP activities without entering into this agreement. This document is binding on myself, the said minor and any person suing on behalf of said minor.

Minor's Name (PRINT): _____

Birthdate of minor: _____

Legal Name (PRINT): _____
Parent/Guardian

Legal Name (SIGN): _____ Date: _____
Parent/Guardian

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