Susan Stein Shiva Theater
Theater Liability Waiver

**NAME OF PRODUCTION:**

**SPONSORING GROUP:**

**PERFORMANCE DATES/TIME:**

**CONTACT PERSON’S NAME:**

The undersigned participants in the above production to be performed in the Susan Stein Shiva Theater at Vassar College assume full responsibility for their own safety and well-being while engaged in activities related to this production. The participant is aware that such activity may involve some risks and that the Office of Campus Activities cannot guarantee the health and safety of the participant.

The participant agrees that neither Vassar College nor any person acting on behalf of the Office of Campus Activities and/or Vassar College shall be held legally responsible in any way for any injuries to the person or property of the participant or other harm caused at any time during participation in this production as a result of the participant’s own conduct, the conduct of other participants, Vassar College, or any person acting on his or her own behalf, or the conduct of any other person. This release of claims and waiver of indemnity shall cover all injuries to person or property of the participant and any other harm.

The validity and construction of this agreement shall be governed by the law of the state of New York.

Only those who have been trained by a member of the Shiva Staff to do so may operate and/or use the Genie. There must be at least two (2) people in the theater at all times when the Genie is in use.

No one may walk on the window ledges and/or the air ducts for any reason.

**I have read and agree to abide by the above safety regulations at all times when I am working in the Susan Stein Shiva Theater.**

**NAME:**____________________ **SIGNATURE:**____________________ **DATE:**___________

**NAME:**____________________ **SIGNATURE:**____________________ **DATE:**___________

**NAME:**____________________ **SIGNATURE:**____________________ **DATE:**___________

**NAME:**____________________ **SIGNATURE:**____________________ **DATE:**___________

**NAME:**____________________ **SIGNATURE:**____________________ **DATE:**___________

**NAME:**____________________ **SIGNATURE:**____________________ **DATE:**___________

**NAME:**____________________ **SIGNATURE:**____________________ **DATE:**___________

**NAME:**____________________ **SIGNATURE:**____________________ **DATE:**___________

**NAME:**____________________ **SIGNATURE:**____________________ **DATE:**___________

**NAME:**____________________ **SIGNATURE:**____________________ **DATE:**___________

**NAME:**____________________ **SIGNATURE:**____________________ **DATE:**___________

**NAME:**____________________ **SIGNATURE:**____________________ **DATE:**___________

If there additional signatures, please continue onto the back.