

**TENNESSEE PERFORMING ARTS CENTER
MEDIA CONSENT AND RELEASE AGREEMENT**

The Media Consent and Release Agreement set forth herein is given by _____ (the "Participant"). If the Participant is under eighteen (18) years of age, this Consent and Release agreement is given by the parent or legal guardian of the Participant, both for him or herself and on behalf of the Participant.

I/we hereby give my/our consent for photographing, filming, audio/videotaping, and/or transmission via broadcast/cable television of the Participant's image and voice, and release to Tennessee Performing Arts Center ("TPAC") all rights of any kind to TPAC's Education materials in which the Participant appears. This is a full release of all claims whatsoever I/we or my/our heirs, executors, administrators, or assigns now and hereafter have against TPAC, or its employees, as regards to any use that may be made by them of said photographic reproductions, films, audio/videotape, social media and/or web, or transmission via broadcast/cable television.

Further, I/we acknowledge that the Participant's portrait, picture, likeness, or voice may be used for purposes consistent with TPAC's educational and promotional use in conjunction with activities in TPAC programs. (TPAC will NOT include any of the Participant's biographical information in such use). Such uses as may be made will not constitute a direct endorsement by the Participant of any product or service. I/we understand that I/we will not receive any fee, now or in the future, for the use of the Participant's likeness.

I/WE HAVE READ THIS MEDIA CONSENT AND RELEASE AGREEMENT, FULLY UNDERSTAND ITS TERMS, HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT, ASSURANCE, OR GUARANTEE, AND AGREE WITH ALL OF ITS TERMS.

Print Name:

Signature of Participant (18 and older) and/or Parent/Guardian of Participant (Under 18):

Date:

TENNESSEE PERFORMING ARTS CENTER
Consent to Participate and for Emergency Medical Treatment

I am the parent or legal guardian of _____ (the “Student”), who desires to attend the Spotlight Awards workshops and/or event (the “Program”) at the premises of the Tennessee Performing Arts Center (“TPAC”), 505 Deaderick Street, Nashville, TN 37243. The Program includes training in music, dance and theatrical performing arts. I/we understand that TPAC will attempt to maintain the Program as described in its publications and conversations and that TPAC reserves the right to make reasonable changes or modifications to the Program, including but not limited to the class schedule, curriculum, and staff, co-curricular and extra-curricular activities.

I am familiar with the intended activities and demands of a comprehensive performing arts training program, including both physical fitness expectations and the inherent unavoidable risks of injury and harm, and I represent and warrant that the Student is able to participate fully in the Program, that no health professional has advised me of any risks or that would limit or impede the Student’s full and safe participation in the Program, and that I understand and accept the inherent and unavoidable risks of injury and harm that may occur due to the Student’s participation in this Program. I agree further that if the Student sustains any injury or illness prior to the commencement of the Program, I shall advise TPAC promptly in writing so that an assessment can be made whether the Student can participate in the Program. I therefore, consent to my child’s participation in the Program, and I further consent to my child’s participation in any other activity taken in connection with the Program.

An inherent risk of exposure to infectious diseases, including COVID-19, exists in any place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and, people of any age with underlying medical conditions are especially vulnerable.

By continuing with the purchase and visiting TPAC, you and the Student voluntarily assume all risks related to exposure to any infectious diseases, including COVID-19, including without limitations risks of illness, personal injury and death, and even if arising from the negligence of TPAC or its respective employees, volunteers, independent contractors, agents or affiliates, unless caused by gross negligence or willful misconduct.

I accept responsibility for medical expenses for any injuries or illness that the Student may sustain or experience while participating in the Program. I hereby grant permission for the Student to receive emergency medical treatment as appropriate during participation in the Program as may be authorized by an adult member of the Program staff. I understand that if the Student has to take prescription medication or receive scheduled medical treatments, I shall notify TPAC in writing and shall consult with the Program staff as to appropriate arrangements. It is not the responsibility of TPAC to make such arrangements.

Parent/Legal Guardian PRINT NAME

Parent/Legal Guardian SIGNATURE

Date:

