

Name: _____

Full Mailing Address: _____

Home Phone: _____ Alternate Phone: _____

Email: _____

I can assist the *Ingersoll Theatre of Performing Arts* in the following areas: (Please any number of items, circle primary interest) Producer _____ Sound _____ Publicity _____ Set Design _____ Director _____ Lighting _____ Web Design _____ Carpenter _____ Stage Manager _____ Props _____ Graphic Design _____ Photography _____ Set Construction _____ Assist. Stg Manager _____ Costumes _____ Administration _____ Painting _____ Front of House _____ Acting _____ Treasurer _____ Set Decorating _____ Usher _____ Dance _____ Secretary _____ Stage Crew _____ Refreshments _____ Singing _____ Membership Recruitment _____ Ticket Sales _____ Music _____ Ticket Mgmt _____ Other _____
 Play Instruments _____ Instrument(s) you play: _____

Agreement of Release and Waiver of Liability and Code of Conduct Acknowledgement

By adding my signature below, I _____ hereby agree to the following:

1. That I am a Member of the Ingersoll Theatre of Performing Arts (ITOPA). I recognize that some activities require physical exertion which may be strenuous and may cause physical injury. I am also fully aware of the risk and hazard involved.
2. I understand that it is my responsibility to participate only in activities that I am physically capable to undertake and will decline activities that are beyond my comfort level.
3. I agree to take full responsibility for any risks, injuries or damages known or unknown which might incur as a result of participating as a Member of ITOPA.
4. I knowingly and voluntarily waive any claim I may have against ITOPA or any board member of ITOPA for injury and damage that I may sustain as a result of member participation.

I confirm that I give my permission for the Ingersoll Theatre of Performing Arts to use any photos, video and audio recordings in which I or my children may be featured for historic, promotion, publication, playbills, social media, teaching, and/or entertainment purposes. ITOPA holds **Zero Tolerance** for all types of bullying and harassment. Dismissal from participation can be enforced. I agree to: respect and comply with all federal and provincial laws, treat each other with dignity and respect the rights of others, respect differences and treat others fairly regardless of race, ancestry, colour, place of origin, ethnic origin, religion, gender, sexual orientation, age or disability, show proper care for ITOPA property, property of others and the facility. I will abide by the anti-harassment policy on the ITOPA website.

I have read the above release, waiver of liability and code of conduct and fully understand its contents and I voluntarily agree to the terms and conditions stated above.

Dated at Ingersoll, Ontario this _____ day of _____, 20_____

Member: _____ Witness: _____

For Members under age 18, PARENT/GUARDIAN: _____

