



**Youth Waiver:
Release, Acknowledgement of Risk, Waiver of
Liability, and Indemnification Agreement. This
waiver agreement will affect your legal rights and
will limit or eliminate your ability to bring a future
lawsuit.**

Youth
Name _____
Address _____
Birthdate _____
Phone # _____

WARNING: This agreement is legally binding. If any aspect of this agreement requires clarification, have a Foursite Film Insititute (hereinafter referred to as "Foursite") employee fully explain, before signing. In signing this document, you are waiving the right to bring a court action to recover compensation or obtain any other remedy for any personal injuries, damage to property, accident of any kind, arising out of use by the below named youth of the Foursite facilities, climbing walls, equipment, participation in classes, or activities sponsored by Foursite, whether that use is supervised or unsupervised.

All youth (those clients seventeen years or younger) must be directly supervised by a Foursite certified adult (any client eighteen years or more that has successfully completed Foursite's general waiver certification), or be a participant in a Foursite program. This form is being completed by the below named youths parent or legal guardian. I hereby, agree to release, indemnify and hold harmless Two W's (landlord of Foursite), any persons who have designed, manufactured, or installed the facilities, workstations, or equipment at Foursite. I agree to release, indemnify and hold harmless all persons at Foursite; officers, agents, employees, volunteer assistants, other filmmakers, visitors, or persons who may be present, from any cause of action, claims, or demands whatsoever. This agreement is binding even if the released persons have contributed to injuries through their individual or collective negligence. This agreement is binding on myself, the below named youth, heirs, next of kin, assigns, and personal representatives. Film making has inherent risks. Foursite offers their training in a controlled environment, but there is still an assumed risk of injury using Foursite. I hereby acknowledge and agree the use of the Foursite facilities, equipment, taking of classes, and/or participating in activities sponsored by Foursite has inherent risks. Those risks include, but are not limited to: All manner of injury resulting from:

- Negligent misuse of the facilities or equipment of Foursite. Including, but not limited to, injuries incurred while using the grip/electric gear, restroom facilities, and the retail area.
- Falling down and/or impacting against stairs, and installations (permanently or temporarily in place), and floor.
- Cuts and abrasions resulting from skin contact with camera or lighting gear.
- Slips, trips, falls, or other, in using the facilities, walls, or equipment of Foursite.
- Personal health problems, physical conditions, or other personal areas of concern. Including, but not limited to, non-sufficient health, physical condition, heart, back, muscular, or obesity conditions.
- Negligence of other filmmakers, visitors, or persons who may be present at Foursite.
- Negligence of the owners, employees, or volunteer assistants of Foursite.
- Negligence or lack of adequate training of any person(s) who seek to assist with medical or other help either before or after injuries have occurred.

I have been warned and am aware of these and numerous other inherent risks in using the Foursite facilities and equipment. I fully understand that the below named youth must be directly supervised by a Foursite waiver certified adult and accept responsibility for those risks and for the injuries that may occur as a result of those risks even if injuries occur in a manner that is not foreseeable at the time I sign this agreement. In consideration of the below named youth using Foursite, I, the under- signed, agree to release all from liability, discharge, and promise not to sue.

My signature below indicates I have read the preceding information. Faxed signature constitutes acceptance of all terms.

Dated _____ Print Youth Name _____

Parent Signature _____ Print Parent Name _____