

# RELEASE OF LIABILITY AND ASSUMPTION OF RISKS

I wish to participate in a Hudson Valley Improv Training (the "**Company**") improvisational class (the "**Class**") taught by Samantha Jones (the "**Instructor**"). In consideration for the Company and the Instructor to permit me to participate in the class, I have agreed to execute this Release of Liability and Assumption of Risks (the "**Release**").

I acknowledge that participating in the Class involves inherent risks. I have received full information regarding the Class from both the Company and the Instructor, and have had the opportunity to ask any questions that I wished. I have full knowledge of the nature and extent of all the risks associated with participating in the Class.

I agree to release and discharge Mimi Entertainment L.L.C./ dba Hudson Valley Improv Training and representatives (the "**Released Parties**"), from and against any and all claims and liabilities, whether known or unknown, relating to or arising from any activity, occurrence, or event involving the Class.

## **THIS RELEASE IS A BINDING LEGAL CONTRACT. PLEASE READ IT CAREFULLY BEFORE SIGNING.**

Today's Date: \_\_\_\_\_ Participant's Name (please  
print) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Signature of  
Participant: \_\_\_\_\_

## **TO BE SIGNED IF PARTICIPANT IS A MINOR**

I am the parent or legal guardian of the above named individual and consent to his/her participation in the activities in the Class. In consideration for the Company and the Instructor allowing the above named individual to participate in the Class, I agree, personally and on behalf of the individual, to be bound by the terms and conditions of this Release. I further agree to hold Mimi Entertainment LLC and Samantha Jones harmless from and against any costs and attorney's fees, incurred by Mimi Entertainment L.L.C. and Samantha Jones as a result of the above named individual participating in the Class.

Today's Date: \_\_\_\_\_ Participant's Name (please  
print) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Signature of  
Participant: \_\_\_\_\_