emBODY PROJECT THEATRE

PARTICIPATION, RISK ACKNOWLEDGMENT & LIABILITY WAIVER

COMPANY NAME

emBODY Performance Method, LLC, DBA emBODY Project Theatre

PROJECT / PROGRAM TITLE | LOCATION

DATES OF PARTICIPATION — FROM | TO

PARTICIPANT NAME | PRONOUNS (OPTIONAL)

ADDRESS

PHONE | EMAIL

EMERGENCY CONTACT NAME | RELATIONSHIP | PHONE

1. NATURE OF ACTIVITIES

emBODY Project Theatre projects may include physical theatre, movement training, choreography, partnering, and ensemble work; floor work, lifts, weight sharing, and close physical proximity; rehearsals and performances involving emotionally intense or challenging material; and the use of props, set pieces, costumes, and technical equipment. Participation may involve physical exertion, physical contact, and emotional vulnerability. I understand I am free to use emBODY's consent practices, including Edge Space, to adjust or decline participation at any time.

2. HEALTH & FITNESS TO PARTICIPATE

By signing this form, I affirm that I am in a condition that reasonably allows me to participate in the activities described, and that I have disclosed, or will disclose, any relevant health, mobility, or access needs to appropriate staff. I understand emBODY Project Theatre does not provide medical, mental health, or physical therapy services, and that I am responsible for my own medical care, including consulting a physician or other healthcare provider as I see fit.

3. ASSUMPTION OF RISK

I understand that physical and performance-based activity carries inherent risk, including but not limited to muscle strains, sprains, and overuse injuries; falls, collisions, and impact injuries; bruises, cuts, or other minor injuries; in rare cases, more serious injury or medical events; and emotional discomfort or distress related to the subject matter of the work. I understand emBODY uses practices such as consent check-ins, Edge Space, and safety guidelines to reduce risk, but that risk cannot be eliminated entirely. By signing this form, I voluntarily assume all ordinary risks associated with my participation, including travel to and from rehearsal and performance venues.

4. PARTICIPANT RESPONSIBILITIES

- Follow safety instructions from facilitators, stage management, and staff.
- Use consent tools, including Edge Space, to adjust or stop participation when at risk or at my limit.
- Inform staff promptly of pain, dizziness, injury, or significant emotional distress.
- Avoid participating while under the influence of alcohol or illegal drugs, in line with emBODY's policies.
- Use good judgment and communicate when something feels unsafe for myself or others.

5. RELEASE OF LIABILITY

To the fullest extent permitted by law, and in consideration for being allowed to participate, I release and hold harmless emBODY Performance Method, LLC, its owners, directors, employees, contractors, volunteers, and agents from claims, demands, or causes of action arising from ordinary negligence related to my participation, including use of facilities and equipment, including but not limited to claims for personal injury, property damage, and wrongful death. This release does not extend to claims arising from gross negligence, reckless conduct, or intentional harm. If any provision of this release is found unenforceable under applicable law, the remaining provisions remain in full force and effect, and this waiver shall be enforced to the maximum extent the law allows. This Agreement is governed by the laws of the Commonwealth of Massachusetts.

6. EMERGENCY MEDICAL CARE

If I am injured or become ill during participation and am unable to communicate, I authorize emBODY staff or representatives to seek emergency medical assistance on my behalf, including calling emergency services, and to share relevant information with medical providers to support my care. I understand I am responsible for all costs related to my medical treatment, including emergency transport, and that emBODY does not provide health or accident insurance for participants.

7. MINORS (IF APPLICABLE)

PARTICIPANT AGE

If the participant is under 18, this section must be completed by a parent or legal guardian. I am the parent or legal guardian of the minor named above. I have read this Waiver, understand the nature of the activities and risks involved, and give permission for my child to participate, agreeing to these terms on their behalf.

PARENT / GUARDIAN NAME (PRINT) **DATE**

SIGNATURE

8. ACKNOWLEDGMENT & SIGNATURE

By signing below, I confirm I have read this Participation, Risk Acknowledgment & Liability Waiver, understand the nature of the activities and risks involved, have had the opportunity to ask questions and receive answers, and am voluntarily signing this document as a condition of participating in the project or program named above. I understand I may also be asked to sign additional documents, including an engagement agreement, informed consent for research, or a media release, and that those documents work together with this Waiver.

Participant (18 or older)

PRINTED NAME **DATE**

SIGNATURE