

Stunt Performer Release & Waiver

Performer Information

Name

Address

Phone

Email

Project Information

Project Title

Date(s) of Performance

Release & Waiver

I, the undersigned, acknowledge and agree that participation in stunt performances entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I hereby voluntarily release, forever discharge, and agree to hold harmless the producers, directors, production company, and assigns from any and all claims, demands, or causes of action, which are in any way connected with my participation in the above project, including such claims which allege negligent acts or omissions.

I certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I agree to comply with all stated and customary conditions of participation. I have read, understood, and agree to all terms of this release and waiver.

Signature

Date

