

Art House Film Screening Waiver Form

Participant Name

Email Address

Screening Date

Waiver & Release of Liability

I acknowledge and agree that by attending the Art House Film Screening, I do so voluntarily and assume all risks associated with participation. I hereby release the organizers, venue, sponsors, and affiliates from any and all liability for injuries, loss, or damages that may arise during or as a result of my participation.

Signature

Date Signed

Guardian Name (if under 18)

Guardian Signature

Date