



John Pallotta Studio
Acknowledgement of Personal Responsibility Agreement

I understand that work done with John Pallotta Studio involves risk. In order to decrease the possibility of accident, I agree to use John Pallotta Studio equipment only under the direction and supervision of John Pallotta Studio personnel.

As a prerequisite to participation in any class taught by John Pallotta Studio, I hereby waive any and all claims and liability which I may have against John Pallotta Studio, Inc., their directors, officers, employees, agents, subcontractors, suppliers, or other customers- and also against the property/properties located at:

(LOCATIONS)

- New York City NY - 358 West 44th St. New York, NY 10036
- Philadelphia PA - 7201 Keystone Street (Loft 208) Philadelphia, PA 19135
- Baltimore MD – 3301 Bank Street (Loft B) Baltimore MD 21224
- Chicago IL - 1579 N Milwaukee Ave Loft Theatre, Chicago, IL 60622

For injuries, losses, or death, or any other personal or property damages. This release shall be binding upon my heirs, legatees, administrators, benefactors, and personal representatives. If any part of this agreement is held invalid, the balance thereof shall continue in full legal force and effect.

I acknowledge that I am aware that by participating in John Pallotta Studio activities, I assume the risk to have direct or indirect contact with individuals who have been exposed to and/or diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies, and/or any mutation or a variation thereof does exist, and it is impossible to eliminate the risk that I could become infected through contact with or close proximity to an individual with a communicable disease.

John Pallotta Studio reserves the right to exercise discretion in accepting students for classes directed by John Pallotta Studio. Students may be denied entrance if, in the professional judgment of the faculty and administration, their participation would pose a danger to themselves or others.

I have read this document and understand that it is a full irrevocable release. I also understand all terms and agreements set forth herein. By signing this document, I accept all of the above terms.

Please sign this document and bring it to the studio.

John Pallotta
Acting Coach John Pallotta
John Pallotta Studio of Acting
www.johnpallottastudio.com

John Pallotta

STUDENTS NAME (PRINT)

STUDIO ADMIN (PRINT)

STUDENTS NAME (SIGN)

STUDIO ADMIN (SIGN)

DATE

DATE