



## **WATERWORLD TECHNICAL TOUR RELEASE, WAIVER OF LIABILITY, AND NON-DISCLOSURE**

(One per student, AND one per adult)

In consideration of being permitted to compete, officiate, observe, work for, or participate in any way in the WaterWorld Technical Tour on \_\_\_\_\_, 20\_\_ (the "Event") or being permitted to enter for any purpose any restricted area (defined as any area requiring special authorization, credentials, or permission to enter or any area to which admission by the general public is restricted or prohibited), each of the undersigned, for himself, his personal representative, heirs and next of kin:

1. Hereby grants UNIVERSAL STUDIOS HOLLYWOOD and its successors, assigns, and licensees, permission to photograph me, record my voice, reproduce my voice and picture, and use my name, voice and picture in and in connection with the Event and in advertising, publicity and promotional activities related to the Event, and UNIVERSAL STUDIOS HOLLYWOOD, in all media now existing or hereafter created, including, but not limited to: printed materials, theatrical, non-theatrical, television, and computer on-line services.

This permission is given to you with the knowledge that you will be relying on and expending substantial sums based upon this grant of permission, and I accordingly agree not to assert any claim against you of any nature whatsoever arising by reason of your use of such elements;

2. Hereby releases, waives, discharges and covenants not to sue Universal Studios Hollywood, Universal City Studios LLLP and its affiliates, its and their respective officers, agents, directors, employees, licensees and invitees (collectively "Universal"), for any and all loss or damage, and any claim or demands therefor on account of injury arising out of or related to my participation in the Event, whether caused by the negligence of the releasees or otherwise;

3. Hereby assumes full responsibility for any risk or bodily injury, death or property damage arising out of or related to the Event whether caused by the negligence of releasees or otherwise;

4. Hereby acknowledges that the activities of the Event involves the risk of serious injury and/or property damage;

5. Hereby agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the releasees, and is intended to be as broad and inclusive as is permitted by the laws of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

UNIVERSAL will be disclosing or making available to you, either directly or indirectly, ideas, information and/or materials of a confidential, proprietary and/or trade secret nature, concerning us or our business (the "Information"), which had been gathered and developed by us at considerable cost and could be of considerable value to our competitors or others. Universal therefore requests, and you agree, that all Information disclosed to you (including, if applicable, to any of your employees, agents or subcontractors, or their employees, agents or subcontractors) be kept strictly confidential. You agree to make no use, nor authorize or permit any use, of such Information for any purpose whatsoever, whether for your own benefit or the benefit of others. Without limiting the foregoing, you agree not to copy, modify, reverse engineer or create derivative works from any software which contains any Information or which you receive from us, or to use, authorize or permit any use of such software for any purpose. You also agree to take appropriate measures, if applicable, with all of your employees, agents or subcontractors, or their employees, agents or subcontractors, who will be exposed or have access to such Information to insure that they are bound by this or a like non-disclosure agreement (additional copies of this agreement can be made available upon request), furnish proof to us, upon request, that those measures have been taken, and be responsible for compliance with those measures. No rights or licenses in connection with such Information are granted by this agreement by implication or otherwise. Any use or disclosure of Information without our prior written consent shall entitle us to injunctive relief restraining such unauthorized use or disclosure, together with damages, costs, and attorney's fees. You shall not make nor authorize or permit to be made, any duplicate copies of any items or materials supplied by us or on our behalf without our express written permission. This agreement shall be construed in accordance with the laws of the State of California, excluding any laws regarding the conflicts or choice of laws, and jurisdiction and venue for any disputes arising hereunder shall be in any court empowered to enforce this agreement in the State of California.

I have read this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement and fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

**STUDENT NAME:** \_\_\_\_\_

**GROUP NAME:** \_\_\_\_\_

**SIGNATURE / DATE:** \_\_\_\_\_

IF UNDER 18 YEARS OF AGE A PARENT OR GUARDIAN MUST SIGN

**UNIVERSAL STUDIOS HOLLYWOOD™**  
The Entertainment Capital of LA



## CONSENT FOR MEDICAL TREATMENT

(Please return one (1) copy per student)

\*Please note: Consent for Medical Treatment is required for admission\*

Group Name:

Visit Date:

Student's Name:

Parent's Name:

Address:

City:

State:

Zip Code:

Phone:

Alternate Phone:

Name of health insurance carrier:

Group #:

Agreement #:

Family Physician:

Phone:

Pediatrician:

Phone:

Student's allergies to any medications:

Student's allergies to anything else:

Date of Student's last tetanus booster:

Medications student is taking:

**AS THE PARENT, AGENCY REPRESENTATIVE OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO UNIVERSAL STUDIOS HOLLYWOOD AND THEIR MEDICAL REPRESENTATIVE (RN/LVN/EMT)**

*[Name of Organization/School]*

**TO PROVIDE ALL FIRST AID, EMERGENCY DENTAL OR MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.), OSTEOPATH (D.O.), OR DENTIST (D.D.S.) FOR**

*[Name of Student]*

**THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF MY DEPENDENT.**

*I have read this form, and certify that I understand its content and acknowledge consent for medical treatment.*

**Signature:**

**Date:**

*[Legal Guardian]*

IN CASE OF EMERGENCY I MAY BE REACHED AT: