

Youth Performing Arts School

Young Actors Institute
1517 South Second Street
Louisville, Kentucky 40208
(502) 313 - 4960
Fax: (502) 313 - 3960



CLINT VAUGHT YOUNG ACTORS INSTITUTE

Childs' Name: _____

While participating in The Young Actor's Institute (Parents' Name):

_____ agrees to hold harmless, indemnify, and defend the Jefferson County Board of Education and The Youth Performing Arts School and its members, agents, and employees from any and all claims or losses accruing or resulting from injury damage, of death of any person, firm, or corporation, including himself, in connection with the performance of The Young Actors' Program.

(Parents' name): _____ also agrees to hold harmless, indemnify, and defend the Jefferson County School Board and The Young Performing Arts School and its members, agents, and employees from any and all claims or losses incurred by any supplier, contractor, or subcontractor furnishing work, services, or materials in connection with performance in the Agreement. This provision survives termination of the Agreement.

Parent / Guardian Signature

Date