GENERAL RELEASE FORM & ASSUMPTION OF RISK

DePaul University School of Cinematic Arts

I, _____ (name of student), am enrolled in _____ (course name & number) ("Course"). As part of my participation in the Course, I will be participating as an actor or crew member in a film project being completed at the following locations on the following dates:

Locations: _____ _____

_____ _____

_____ _____

Dates: _____ _____

_____ _____

_____ _____

(hereinafter the "Film Project")

This General Release Form & Assumption of Risk covers the entirety of my participation in the Film Project, including travel to and from the Film Project.

I acknowledge and appreciate that being an actor or other crew member on the Film Project requires a moderate level of physical activity, and that certain risks are inherent in participating in these activities. These risks include, but are not limited to, personal injury, illness or death, property damages, and property loss or theft. The risks may arise out of accidents or other circumstances, including, but again not limited to, the negligent acts or omissions of myself or others (including DePaul University and its students or agents).

I understand that while enrolling in the Course may be a requirement for achieving my degree in Cinematic Arts at DePaul University, I am NOT required to participate as an actor or crew member for the Film Project. Therefore, I explicitly acknowledge that I am participating in the Film Project as an actor or crew member of my own free will.

I HEREBY RELEASE, WAIVE, DISCHARGE AND HOLD HARMLESS DEPAUL, ITS AFFILIATES, PREDECESSORS, SUCCESSORS, TRUSTEES, OFFICERS, DIRECTORS, FACULTY, EMPLOYEES, AGENTS, AND REPRESENTATIVES, PAST OR PRESENT (THE "RELEASED PARTIES") FROM ANY AND ALL CLAIMS, SUITS, LIABILITY, JUDGMENTS, COSTS AND EXPENSES ("CLAIMS") FOR ANY PERSONAL INJURY OR ILLNESS, EPIDEMICS AND DISEASE, DEATH, PROPERTY DAMAGE, LOSS AND/OR THEFT, ARISING OUT OF ANY ACCIDENT, CIVIL DISTURBANCE OR DISORDER, ACT OF TERRORISM, OR ANY OTHER OCCURRENCE DURING THE FILM PROJECT OR WHILE I AM TRAVELING TO OR FROM THE FILM PROJECT. I ALSO AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY CLAIMS ARISING FROM OR RELATED TO MY OWN ACTS OR OMISSIONS DURING THE FILM PROJECT, INCLUDING MY TRAVEL TO OR FROM THE FILM PROJECT.

In signing below, I certify that I have read and fully understand the above Chicago Quarter General Release Form & Assumption of Risk.

_____ _____ _____

Student Signature Printed Name Date