



2018 Liability Waiver 18 and Under

Submission of a completed form is a prerequisite to participation in the program.

RELEASE AND WAIVER OF LIABILITY FOR PERSONS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM PLEASE READ CAREFULLY BEFORE SIGNING THIS RELEASE AND WAIVER OF LIABILITY FOR THE PERIOD JULY 9, 2018 THROUGH AUGUST 3, 2018.

As the parent or legal guardian of (Program Participant), I give my consent for him/her to participate in Mount Vernon Arts & Culture, Inc. (an educational summer music camp) (hereinafter, "the Program") conducted and/or sponsored by The Mount Vernon School of Music, taking place Monday, July 9, 2018 - Friday, August 13, 2018. I am also fully aware that from time to time, my child may be transported from the Program to off-site events to give concerts, programs and performances as part of the Program's activities. I expressly give the Program and its Faculty, Administrators and Employees permission to take such trips with my child. I do this with the understanding that such trips are under the supervision of authorized personnel from the Program and that all possible precautions are taken to ensure the health and safety of my child.

I further acknowledge that I will be responsible for any and all medical and related bills and expenses that may be incurred by me for any illness or injury that my child may sustain during the Program and while traveling to and from the site for the Program and all its activities.

I further acknowledge and authorize the employees of the Program to act accordingly to their best judgment in any situation requiring medical attention, whether an emergency or not, until such time as I am contacted to make decisions regarding my child's treatment. If in the judgment of a physician or designee it is necessary for health care reasons to proceed with treatment without delay, this treatment may proceed without prior notification of the undersigned, although every attempt will be made to notify me in the event of such an injury or illness. I agree that any medical information provided to this camp shall be released to other health care providers who may be providing care. I also agree to hold the Program, its parent, predecessor, successor and assigns, and its respective officers, directors, trustees, representatives, members, employees, or agents harmless and to indemnify the Program from all liability, loss, cost, claim or lawsuit, including injury, death, or property damage, which may be imposed upon the Program because of such medical treatment of my child.

Knowing these facts and in consideration of my child's participation in the Program, I, acting as parent or legal guardian of my child agree to release and hold harmless, to the fullest extent permitted by law, The Mount School of Music, its parent, predecessor, successor and assigns, and its respective officers, directors, trustees, representatives, members, employees, or agents from any and all liability for negligence or any other claim, cause of action, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney's fees and costs) of any kind (including death, personal injury, and property damage) the undersigned has or may have against Mount School of Music, its parent, predecessor, successor and assigns, and its respective officers, directors, trustees, representatives, members, employees, or agents arising out of or in connection with the Program, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that my child may incur or sustain during the Program, all activities associated with the Program, and while traveling to and from the site for the Program and all of its activities.

I acknowledge that I have read this Release and Waiver of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury of my child. I further acknowledge that I have signed this document voluntarily and of my own free will.

Student Name
First

Last

Signature of Parent/Guardian

Date Signed

