**MEDICAL WAIVER AND RELEASE OF LIABILITY FORM**

I, THE PARTICIPANT, ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES

ASSOCIATED WITH THIS OCCURANCE, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that Participant is physically fit, have sufficiently prepared for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

In consideration of my registration and permitting me to participate in this activity, please initial:

1. I WAIVE, RELEASE, AND DISCHARGE the following entities or persons: The Medical/Dental Facility (MDF), and/or their directors, officers, employees, volunteers, representatives, and agents and the activity sponsors and volunteers (the MDF Parties) from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my disability, personal injury, death, property damage, property theft, or actions of any kind which may occur to me in relation to my participation in this activity.
2. INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the MDF Parties for any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.
3. I AGREE to allow my photo, video, or film likeness to be used for any legitimate purpose by The Music Settlement.
4. I CONSENT to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity. Please complete Student Medical Waiver Form.

I acknowledge that the MDF Parties are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

The Medical Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant’s Signature Date Participant’s Name - Print Age

Parent/Guardian Signature Date (If under 18 years old, Parent/Guardian required)

**Granting of Consent**

**Medical Treatment Consent:** In the event that reasonable attempts to contact me or authorized contacts at the phone numbers I have provided are unsuccessful, I hereby give my consent for the transfer of the child to the above preferred hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

Health/Medical Insurance Company Policy #:

Local Hospital / Emergency Room: Phone:

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Refusal of Consent

**Medical Treatment Refusal (*Do not complete if you have completed and signed “Granting of Consent” above*):** I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency or treatment, I wish The Medical Facility to take no action, with the exception of calling the parent/guardian immediately.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return your completed form to**: