Thom Hannum's Mobile Percussion Seminar

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Waiver and Release Form

STUDENT NAME: EVENT NAME: Mobile Percussion Seminar EVENT LOCATION: University of Massachusetts, Amherst EVENT DATES:_____

<u>PLEASE READ CAREFULLY</u> THIS FORM MUST BE SIGNED BY BOTH THE PARENT/GUARDIAN AND THE STUDENT OR THE STUDENT WILL NOT BE PERMITTED TO ATTEND THE MOBILE PERCUSSION SEMINAR.

Acknowledgement of Risk: I voluntarily choose to allow my child to attend the Mobile Percussion Seminar (hereinafter referred to as *MPS*) and understand the risks involved. I recognize that my child will be participating in events and activities during *MPS* and that participating in these events and activities may involve risks and dangers, both known and unknown, including but not limited to, property damage or loss, minor or severe bodily injury and death. I voluntarily allow my child to participate at *MPS* fully aware of the risks involved. I hereby agree to accept any and all inherent risks of property damage or loss, bodily injury or death to my child.

Hold Harmless: In consideration for allowing my child to participate in *MPS* and to the fullest extent permitted by law, I agree to hold harmless *MPS*, its respective officers, directors, employees, volunteers and agents from and against all claims arising out of or resulting from my child's participation at *MPS*. "Claim" as used in this agreement means any financial loss, claim, suit, action, damage or expense, included but not limited to attorney's fees, attributable to bodily injury, sickness, disease, or death or injury to or destruction of tangible property including of use resulting therefrom. In addition I hereby voluntarily hold harmless *MPS*, its respective officers, directors, employees, volunteers and agents from any and all claims, both present and future, that may be made by my child, me, my family, estate, heirs or assigns.

Media Release: I hereby grant *MPS* the right to use my child's name, photographic image (in whole or in part), and any reproduction of their sound, performance or appearance while attending *MPS*, for any purpose including promotion, advertising or otherwise.

I further acknowledge that there were no promises of any compensation for such use by *MPS* or by anyone associated with *MPS* and that *MPS* owns all rights to the media named herein, regardless of the form in which they are produced or used.

With the use of these rights, I hereby waive and release MPS, its respective officers, directors, employees, volunteers and agents from all claims, liabilities and/or damages which now or in the future may arise from such use.

Acknowledgement

I,and	d my child
(Parent/Guardian)	(Student)
have read, understand and fully agree to the te	erms of this Waiver and Release. We understand
	elease, we (the parent/guardian and the student)
	We (the parent/guardian and the student) have
signed this agreement freely, voluntarily and under no duress or threat of duress, without	
inducement, promise or guarantee being communicated to me (the parent/guardian) or my child	
(the student). Our (the parent/guardian and the student) signature is proof of our (the	
parent/guardian and the student) intention to execute a complete and unconditional Waiver and	
Release of all liability to the full extent of the law.	
Print Parent/Guardian Name	Print Student Name
Parent/Guardian Signature	Student Signature

Date

Date