

CENTER FOR THE ARTS LAKE SUNAPEE REGION
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF MY CHILD, _____, PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THE CENTER FOR THE ARTS LAKE SUNAPEE REGION (CFA) ACTIVITY, 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 I understand this activity has potential risks including but not limited to:

- Interaction with other children;
- Interaction with music instructor in a group setting of all children;
- Interaction with a large, electronic keyboard and over ear headphones;
- Potentially moving or lifting small objects in activities;
- Exposure to the outdoors for walking to the space;

As parent/guardian of this child I certify that no physical or mental illness that precludes this child's participation in a safe manner for him or herself.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the organizers of the activity in which this child may participate, and that it will govern the actions and responsibilities at said activity. I agree that all staff or authorized agents may, in their sole discretion, determine it is unsafe for this child or others for participation to continue, remove the child from the premises by any lawful means.

In consideration of this application and permitting this child to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to this child, THE FOLLOWING ENTITIES OR PERSONS: The directors, officers, employees, volunteers, representatives, and agents of any and all entities authorizing this activity; (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that the directors, officers, employees, volunteers, representatives, and agents of any authorizing entity are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I hereby consent for this child to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, this child may be photographed. I agree to allow photos, videos, or film likeness of this child to be used for any legitimate purpose this authorizing entity decides, and assigns.

I understand that if my child is not picked-up by a guardian/parent by 4:30pm each class, an additional fee of \$10 will be charged after 4:40pm.

The Accident 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 AM A LEGAL PARENT/GUARDIAN OF THIS CHILD AND 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.

Please provide a phone number where parent/guardian can be reached in case of emergency:

Student's Name: _____

Student's Age: _____

Parent/Guardian Signature/ Date/ Phone Number (If under 18 years old, Parent or Guardian must also sign)

CONTACT PHONE NUMBER FOR PARENT/GUARDIAN DURING THE SESSION TIME:

NAME OF CONTACT: _____

PARENT/GUARDIAN PHONE NUMBER: _____

PLEASE LIST ANY OTHER NAMES OF ADULTS WHO MAY PICK UP YOUR CHILD. IF THEY ARE NOT ON THIS LIST WE WILL NOT BE ABLE TO LET YOUR CHILD LEAVE WITHOUT YOU.

NAME OF AUTHORIZED DRIVER 1: _____ PHONE NUMBER: _____

NAME OF AUTHORIZED DRIVER 2: _____ PHONE NUMBER: _____