



RELEASE & INDEMNIFICATION FORM

PARTICIPANT'S NAME _____

PLEASE READ BOTH SIDES CAREFULLY BEFORE SIGNING.

I, as ABOVE NAMED or PARENT OR GUARDIAN OF ABOVE NAMED MINOR PARTICIPANT hereby warrant that the participant is in good health and capable of the physical demands of arts training and performing.

I, as ABOVE NAMED or PARENT OR GUARDIAN OF ABOVE NAMED MINOR PARTICIPANT realize and am fully aware that arts training and performance can expose participant to physical risks and hereby agree on behalf of participant that PARENT OR GUARDIAN and participant assume all risk of injury or loss resulting from participation in Ovations School for the Arts, Inc.

I, as ABOVE NAMED or PARENT OR GUARDIAN OF ABOVE NAMED MINOR PARTICIPANT do hereby on behalf of myself and/or my CHILD/WARD, and my/our heirs, administrators, executors, and assigns, agree to release, hold harmless, and forever discharge OVATIONS SCHOOL FOR THE ARTS, INC. (hereinafter "OSA, Inc."), its board, officers, trustees, agents and employees, and any sponsors of performances and any other persons connected with said program and their heirs, legal representatives or assigns of and from any and all claims, demands, liability, right or causes of action of whatsoever kind of nature including, but not limited to, claims for negligence which PARENT OR GUARDIAN OR CHILD/WARD may have, arising from or in any way connected with any injuries, losses, damages, disability, suffering, property damage or loss, or results thereof, which may be sustained by the participant as a result of his/her involvement in the program.

I, as ABOVE NAMED or PARENT OR GUARDIAN OF ABOVE NAMED MINOR PARTICIPANT on behalf of myself and my CHILD/WARD agree further that in the event any suit is brought by or on behalf of PARENT OR GUARDIAN or CHILD/WARD to recover damages for any claim covered by this release, I will indemnify OSA, INC, its board, officers, agents, trustees and employees and their heirs, legal representatives and assigns for all losses or costs associated with any such lawsuit including, but not limited to, any damages awarded and reasonable attorneys' fees and costs incurred.

I, as ABOVE NAMED or PARENT OR GUARDIAN OF ABOVE NAMED MINOR PARTICIPANT of the OSA, INC., program confirm that the participant is insured as set forth in this release form and understand that the above paragraphs constitute a covenant and a promise on my part to fully discharge the above parties from any and all liability for the injuries or the loss resulting from the participant's involvement in OSA, INC. If there exists no insurance, or if such insurance proves to be inadequate to cover such injuries or loss, then I acknowledge that I am personally liable to pay when due any and all bills and other obligations directly or indirectly incurred in connection with such injuries or loss and to reimburse OSA, INC. for any expenses or obligations it has incurred as a result thereof, immediately upon demand or notice by OSA, INC. of such expenses or obligations. **I understand that this is a binding contract and that my signature is required in order for me or my CHILD/WARD to participate in the OSA, INC, programs.**

Date _____ Name of participant _____

Signature of Parent or Guardian _____



PLEASE FILL IN THE NAME OF PARTICIPANT AND ADD YOUR SIGNATURE AFTER EACH OF THE FOLLOWING RELEASE STATEMENTS.

• IN THE EVENT OF AN EMERGENCY ONLY WHEN PARENT OR GUARDIAN CANNOT BE REACHED, I hereby give permission to the medical personnel selected by OSA, INC. to order x-rays, routine tests, and treatment for PARTICIPANT, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by OSA, INC. staff to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for participant as named above. This form may be photocopied for use away from the school facility.

Signature _____ Date _____

• I hereby give permission to the administrative and health personnel of the OSA, INC. permission to administer basic first aid and/or over-the-counter or medically necessary prescription medications for PARTICIPANT when needed.

Signature _____ date _____

MEDICAL AND INSURANCE INFORMATION:

• Is the PARTICIPANT covered by family medical/hospital insurance? If so, by whom?

• Please inform us of any pertinent medical history, including allergies, asthma, medications, recent injuries, etc., in the space below.

PLEASE ATTACH TO THIS FORM:

1) Photocopies of both sides of PARTICIPANT'S insurance card.