

## Plugged In Band Program

# Release of Liability / Indemnity / Emergency Treatment Agreement

*updated 8.15*

**Student Name:** \_\_\_\_ (see attached registration form)\_\_\_\_

**Emergency contact name and telephone number:** \_\_\_\_ (see attached registration form)\_\_\_\_

The undersigned, individually or by his or her parent if a minor, hereby assumes all responsibility for and all risk of damage or injury that may occur to the undersigned as a participant in the Plugged In Band Program, while participating in the program in or out of the premises at 40 Freeman Place, Needham, MA 02492. In consideration of being accepted as a participant in the program, the undersigned releases and discharges Plugged In Band Program and all associated facilities, its and their owners, employees and agents from all claims, demands, rights or causes of action, present or future whether known, anticipated or unanticipated, and resulting from or arising out of, or incident to, the undersigned's use of the program, all locations at which the program will be conducted, or facilities and equipment in such place or as a result of, or incident to, engaging in the program or otherwise following the program's instructions anywhere.

In case of emergency, accident, illness, or other incapacity occurring while under the program's authority, I give my permission to be treated by medical professionals and admitted to the hospital if necessary. This authorization applies whether or not the charges are covered by my insurance, and I am responsible for all reasonable medical and emergency expenses incurred on my behalf, regardless of whether I would have authorized such expenses under separate circumstances.

**Parent/Guardian Signature:** \_\_\_\_ (collected electronically via registration form)\_\_\_\_

**Date:** \_\_\_\_ (collected electronically via registration form)\_\_\_\_