

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Musical Fingers, LLC Summer Rock Music Camp and Contemporary Christian Rock Camp

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS 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 am physically fit, have sufficiently prepared or trained 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.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me 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 my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, **THE FOLLOWING ENTITIES OR PERSONS: Musical Fingers, LLC, and/or Hilltop Christian Church, Mantua Ohio; and/or Good Shepherd Christian Church, Macedonia Ohio,** and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(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 **Musical Fingers, LLC; Hilltop Christian Church, Mantua Ohio; Good Shepherd Christian Church, Macedonia Ohio,** and their directors, officers, volunteers, representatives, and agents 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 acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers and paid staff.

I hereby consent 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, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

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 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 Age (If under 18 years old, Parent or Guardian must also sign.) (Please print legibly.)

MUSICAL FINGERS SUMMER CAMP REGISTRATION FORM (PLEASE PRINT)

Participant's full name: _____

Instrument (may pick more than one): **Vocals / Keyboards / Guitar / Bass guitar / Drums**

Male/Female: _____ Current school grade: _____ Date of birth: _____ Age: _____

Mailing address: _____ City: _____ Zipcode: _____

Home telephone: _____ Primary email: _____

Father's name: _____ Work number: _____ Cell: _____

Mother's name: _____ Work number: _____ Cell: _____

Emergency contact (please provide the name of someone not listed above – parents/guardians will always be tried first):

Name of contact: _____ Relationship to participant: _____ Phone: _____

Allergies or known medical issues: _____

Please let us know of any emotional, behavioural or logistical issues that may impact this participant's experience or any other information that will help us to help them have a great time:

Liability Release, Payment, Refund and Cancellation Policies

I, as a parent or guardian of this participant, fully understand that *Musical Fingers LLC* and its designees including the host venue, take all reasonable precautions to ensure that *Musical Fingers, LLC* programs and activities are conducted by qualified personnel in a safe and responsible manner. I further understand that these activities may involve certain risks. I hereby release *Musical Fingers, LLC* and its designees of any liability whatsoever arising out of any injury, damage or loss which may be sustained by myself, my minor children, or any other family members during the course of involvement with *Musical Fingers, LLC* and/or its designees. This includes activities held in the venue, outside the venue during practices or performances sponsored by *Musical Fingers, LLC* and/or its designees.

A non-refundable deposit fee of \$50.00 is included with this completed application and will secure the participant's place in this program. The balance/remainder of the camp enrollment fee is due on or before the first day of camp. I understand that participants may be prohibited from taking part in the camp until the balance or remainder of fee is made.

Please make all checks payable to: **MUSICAL FINGERS**. Checks and money orders may be sent via post to: **Musical Fingers LLC, 9679 Peck Road, Mantua, Ohio, 44255**. Credit card payments can also be via Paypal at our website www.musicalfingers.org, or you may call (330) 554-4140 to make a credit card payment over the phone.

Cancellations and Refunds

I understand that any and all cancellations must be given verbally in person and/or in writing to *Musical Fingers, LLC*. All monies paid are non-refundable and no refund of the balance of the activity/program fee will be honored or made on or after the first day of camp. A full refund will only be given in the event that this activity/ program that your child/ teen is participating in, is cancelled due to events beyond our control. Refunds requested due to severe illness of participant will be considered on a case-by-case basis.

I have read and understand the contents of this application including the Liability Release and Payment, Refund and Cancellation Policies.

Signature of Parent/Guardian (If under 18 years old, parent/guardian must also sign.)

Date