

# Brooke Valley Bassoon Days 2019

## Permission to Participate in Activities, Authorization, Release of Liability, Waiver of Claims, and Indemnity Agreement

**Name:** Brooke Valley Bassoon Days (BVBD)

**Dates:** August 17-23, 2019

**Place:** Providence Point, Lanark, ON

1. Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Participant's health card number (if US-based, list insurance company and policy number): \_\_\_\_\_

3. **Nature of Activities:** Residential Bassoon Workshop. Group Musical and Instrumental Instruction; Ensemble Activities and Coaching; Reed-making sessions including use, supervised and unsupervised, of reed tools and equipment; Off-campus Excursion; games, sports (swimming, canoeing, soccer, volleyball, etc) campfires. Three full meals/day plus one snack/day

4. **Activity Supervisors:** Jo Ann Simpson, Richard Hoenich. Swimming, canoeing, and other water-based activities supervised by paid, licensed lifeguard.

5. **Transportation:** Participants are responsible for securing their own transportation to and from Providence Point.

6. **Requirements:** The participant named above is in good health and has no physical or medical limitations that would cause the activities as described above to be detrimental or dangerous to the participant. **Age-of-majority participants or parents/guardians should specify their/their child's allergies and medical problems in section 10 below.**

7. **Consent:** I/We the parents/guardians, for myself/ourselves and/or on behalf of my/our child(ren) hereby consent to the above named participant's participation in the activities described above, and specifically request that I/he/she be allowed to participate in those activities. I/We warrant that I/we have full authority to legally consent to my/his/her participation in the activities described on this form, and all provisions contained herein.

8. **Authorization:** I/We hereby authorize Brooke Valley Bassoon Days and its supervisors to use the image and likeness of me/my child in photograph or video form whether taken by or commissioned by Brooke Valley Bassoon Days and its supervisors in promotional materials or for promotional purposes associated with its activities. This authorization shall extend to use of my/my child(ren)'s image and likeness on any webpage or Facebook/other social media page associated with BVBD. I/We understand this authorization shall survive the end of my/my child(ren)'s participation in the activities referenced on this form.

9. **Insurance:** I/We the parents/guardians, for myself/ourselves and/or on behalf of my/our child(ren) understand that BVBD and its supervisors do not carry any insurance relative to the activities or for any injury that may occur to the above-named participant. I/We hereby represent that I/the child(ren) is/are (a) covered by insurance through my own insurance carrier; (b) that I/We am/are personally financially responsible for any and all medical costs incurred as a result of my/my child(ren)'s injury.

10. **Emergencies:** If I/my child(ren) require/requires any emergency medical treatment or procedures during the activities, I/We consent to activity supervisor(s) taking, arranging for and consenting to such procedures or treatments in the discretion of the activity supervisor(s). For purposes of such procedures and treatments, my/my child(ren)'s blood type is \_\_\_\_\_ and I/my child(ren) have/has/have the following allergies or other medical problems (if any): \_\_\_\_\_.

Except as otherwise agreed to by BVBD activity supervisor(s) in writing, I/We the parents/guardians, for myself/ourselves and/or on behalf of my/our child(ren) hereby release and forever discharge BVBD activity supervisors from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered to me/my child(ren) in connection with an emergency during my/his/her time at BVBD.

11. **Release and Indemnification:** I/We the parents/guardians, for myself/ourselves and/or on behalf of my/our child(ren) release and waive, and further agree to indemnify, hold harmless or reimburse BVBD activity supervisor(s), the individual members, agents, directors, officers, employees, volunteers and representatives thereof, from and against, any claim which I, any other parent or guardian, any sibling, the above-named participant, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses (including attorney's fees incurred by BVBD activity supervisor(s), or any individual employees, agents, volunteers, etc associated with BVBD, in enforcing this indemnity provision without limitation in time or amount), damages or injuries arising out of, during, or in connection with my/my child(ren)'s participation in the activities, the travel to and there from, travel for off-campus field visits, and the rendering of emergency medical procedures or treatment, if any. I/We understand that this release and indemnification shall survive the end of my/my child(ren)'s participation in the activities referenced on this form and shall have no limitation in time or amount.

12. **For Parents/Guardians:** If, in the event of a medical or other emergency, I/We am/are unable to be reached by telephone at my cell/home or work telephone number listed below, I/We authorize the activity supervisor(s) to attempt to contact me/us through the emergency contacts listed below.

Additional Emergency Contacts:

1. Name \_\_\_\_\_ Relation: \_\_\_\_\_ Contact number \_\_\_\_\_

2. Name \_\_\_\_\_ Relation: \_\_\_\_\_ Contact number \_\_\_\_\_

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**SIGNATURE:**

**I/We have read and understand all the above.**                      **Date:** \_\_\_\_\_

\_\_\_\_\_  
Participant (if over 18 yrs of age) / Parent or Guardian

Address: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_