



The Music Settlement

UNIVERSITY CIRCLE • BOP STOP

MEDICAL WAIVER AND RELEASE OF LIABILITY FORM

I, THE PARTICIPANT, ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS OCCURANCE, 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 Participant is physically fit, have sufficiently prepared 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.

In consideration of my registration and permitting me to participate in this activity, please initial:

- (A) ___ I WAIVE, RELEASE, AND DISCHARGE the following entities or persons: The Music Settlement (TMS), and/or their directors, officers, employees, volunteers, representatives, and agents and the activity sponsors and volunteers (the TMS Parties) 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 disability, personal injury, death, property damage, property theft, or actions of any kind which may occur to me in relation to my participation in this activity.
- (B) ___ INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the TMS Parties for any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.
- (C) ___ I AGREE to allow my photo, video, or film likeness to be used for any legitimate purpose by The Music Settlement.
- (D) ___ I CONSENT to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity. Please complete Student Medical Waiver Form.

I acknowledge that the TMS Parties are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

The Medical 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 - Print

Age

Parent/Guardian Signature

Date

(If under 18 years old, Parent/Guardian required)

The Music Settlement Student Medical Waiver Form

Informed Consent, Waiver, Release, and Indemnity for Participation in Activity

Student Information

Participant's name: _____

Date of Birth: ___ / ___ / ___ Age: ___ Grade: ___

Parent/Guardian Name	Relationship	Phone Number

Student Learning Information (Please specify anything that will help us better understand your child's learning style): _____

TMS Course Information

TMS Course Name: _____

Course date and times: _____

Course location: _____

Transportation to and from activity: _____

Authorized Pickup Contact Information:

Name	Relationship	Phone Number

Student Medical Information

Emergency Contact	Relationship	Phone Number

Medical Condition: Participant should be free from any known physical or health problems that could prevent participation in the activities associated with the program or activities described above. Listed below are known allergies and medical or physical conditions that may restrict my participation in the program (write none if none): _____

Additional Medical Information

Any physical or communication challenges to which a physician should be alerted:		
Medications Being Taken:		
<input type="checkbox"/> Wears Glasses?	<input type="checkbox"/> Wears Contacts?	<input type="checkbox"/> Uses an Inhaler?
<input type="checkbox"/> Uses a Hearing Aid?	<input type="checkbox"/> Wheelchair?	<input type="checkbox"/> Other:
<input type="checkbox"/> Has an EpiPen for Allergic Reactions?	<input type="checkbox"/> Has Seizures?	<input type="checkbox"/> Other:

Granting of Consent

Medical Treatment Consent: In the event that reasonable attempts to contact me or authorized contacts at the phone numbers I have provided are unsuccessful, I hereby give my consent for the transfer of the child to the above preferred hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

Health/Medical Insurance Company _____ Policy #: _____

Local Hospital / Emergency Room: _____ Phone: _____

Parent/Guardian Signature: _____

Refusal of Consent

Medical Treatment Refusal (Do not complete if you have completed and signed "Granting of Consent" above): I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency or treatment, I wish The Music Settlement to take no action, with the exception of calling the parent/guardian immediately.

Parent/Guardian Signature: _____

Please return your completed form to:

The Music Settlement
Attn: Enrollment and Customer Service
11125 Magnolia Drive
Cleveland, OH 44106

Fax: (216) 231-5005

Email: ECS@themusicsettlement.org