

## LIABILITY RELEASE/WAIVER FORM

All participants MUST complete this form

All participants and students must complete this form before participating in any classes or activities at Tri-Ling Kids. If participant is under age 18, a parent or guardian must also sign this form.

Admission to class and/or rehearsal will not be granted if this form is not received prior to class and is not properly signed.

### Waiver of Liability

My child is voluntarily participating in Tri-Ling Kids. I, \_\_\_\_\_, understand that there are risks associated with my child's participation in this program, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, death or economic loss. These injuries or outcomes may arise from my own or other's actions, inactions, or negligence, or the condition of Tri-Ling Kid's location (s) or facility (ies). Nonetheless, I assume all risks of my participation in this program, whether known or unknown to me, including travel to and from the program or activities (including air travel) or any events incidental to this program.

Initials: \_\_\_\_\_

In consideration for being allowed to participate in this program, I release from liability and waive my right to sue Tri-Ling Kids, their employees, instructors, officers, volunteers and agents (collectively "Tri-Ling Kids") from any and all claims, including claims of Tri-Ling Kid's negligence, resulting in any physical injury, illness (including death) or economic loss I may suffer or which may result from my participation in this program and all it's activities, travel to and from the program and activities, or any events incidental to this program.

Initials: \_\_\_\_\_

I agree to hold Tri-Ling Kids harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees, as a result of my participation in this program, including travel to and from the program (including air travel) or any events incidental to this program. If Tri-Ling Kids incurs any of these types of expenses, I agree to reimburse Tri-Ling Kids.

Initials: \_\_\_\_\_

### Protection of Property

I understand and agree that it is my sole responsibility to safeguard my personal property while attending or participating in any classes or activities. I hereby release Tri-Ling Kids, its volunteers, affiliates, employees, instructors, and directors from all liability for loss or damage to my personal property while attending or participating in classes or activities. I also agree to abide by any rules, regulations and policies set forth by Tri-Ling Kids.

Initials: \_\_\_\_\_

### Medical Release

Medical Attention In case of physical injury or medical emergency, I hereby authorize Tri-Ling Kids to make necessary arrangements to transport myself or my child to a medical treatment facility as necessary. All such transportation and medical treatment will be at my sole cost and expense. In extreme emergency, or if my child is under 18 years of age, I understand that Tri-Ling Kids will attempt to notify the person(s) I have named below as my emergency contact(s) of my condition and how to reach me.

Initials: \_\_\_\_\_

### Photo Release

Tri-Ling Kids reserves the right to use photographs and videos taken during classes, workshops, performances, or other affiliated events for the purposes of instruction, advertising and promoting Tri-Ling Kids and its programs. Students, or parents of students who are minors, who do not wish to comply with this policy must notify Tri-Ling Kids prior to participation in class.

Initials: \_\_\_\_\_

**Acknowledgement of Waiver**

I am the parent or legal guardian of the Participant. I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing Tri-Ling Kids from all liability on my and the Participant's behalf, (b) waiving my and the Participants' right to sue Tri-Ling Kids, (c) and assuming all risks of Participant's participation in this program, including travel to and from the program (including air travel) or any events incidental to this program. I allow the Participant to participate in Tri-Ling Kids programs. I understand that I am responsible for the obligations and acts of the Participant as described in this document. I agree to be bound by the terms of this document.

Initials: \_\_\_\_\_

**PLEASE PRINT CLEARLY**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Emergency Numbers : \_\_\_\_\_

Doctor's Name/Phone: \_\_\_\_\_

Dentist's Name/Phone: \_\_\_\_\_

Preferred Hospital's Name: \_\_\_\_\_

**Please list any medical conditions, injuries, medications, allergies, etc.**