UNIVERSITY OF LOUISVILLE PARTICIPATION AND RELEASE FORM

University of Louisville Honor Choir Festival
January 21-22, 2018

ACTIVITIES INVOLVED IN PROGRAM PARTICIPATION: Music rehearsals, sectionals, and performances.

1. The undersigned voluntarily and willingly agrees to participate in the above-described program, including all activities associated with and required by the program.
2. The undersigned agrees to assume all risk of accident or damage to his or her person or property as a result of the participation in the program and in the activities included in and required by the program, including transportation to and from the program site.
3. The undersigned authorizes the University of Louisville and its agents to obtain medical care for the undersigned in the event that in their opinion the undersigned is in need of immediate emergency medical care while the undersigned is participating in the program. If such medical care is sought, the undersigned authorizes any medical care facility or physician selected by the University to perform whatever medical services are deemed necessary to preserve the undersigned's life, health, and well-being. The undersigned agrees to be responsible for and to indemnify and hold harmless the University of Louisville and any of its agents and employees for the payment of all costs and expenses resulting from any such medical care, hospitalization, and medical services for the undersigned.
4. The undersigned agrees to remain under the supervision of and to comply with any instructions given by the University of Louisville and its agents at all times during the program.
5. The undersigned releases the University of Louisville and its officers, directors, agents, servants, and employees from any and all actions, causes of action, demands, damages, expenses, attorney fees, and claims an counterclaims of any kind or nature, including any claims of negligence, arising out of or in any way connected with: (1) the participation of the undersigned in the program and in the activities included in the program and required by the program including transportation to and from the program site; (2) the decision or actions of the University of Louisville in seeking and obtaining, or in ailing to seek and obtain, the above-authorized immediate emergency medical attention; and (3) any failure of the undersigned to remain under the supervision of and to comply with any instructions given by the University of Louisville and its employees or agents during the program.

The undersigned certifies that he/she has read and understands the above University of Louisville Program Participation and Release Form, and that he/she signs this form voluntarily.

_____ _____ _____
Signature of Participant (Age if under 18) Date

_____ _____
Signature of Witness Date

PARENTAL RELEASE

As parent and/or guardian of _____(hereafter "Participant"), I hereby release and discharge the University of Louisville and its agents and employees, under the terms of the above Participation and release Form, from any claim which I might have against the University of Louisville and its agents and employees, both in my own behalf and as legal representative of the participant. I further agree to indemnify and hold the University of Louisville and its agents and employees harmless from any liability or claim of action, including attorney's fees, in connection with the participant's involvement in the program described in the Participation and Release Form.

_____ _____
Witness Signature of Parent or Guardian
of participant under 18 years of age

_____ _____
Date Date