

Release, Indemnification and Hold Harmless Agreement

PARTICIPANT NAME: _____ (please PRINT)

IDENTIFICATION AND ACKNOWLEDGEMENT OF RISKS I understand that Paderewski Symphony Orchestra Music Academy program primarily conducted in the indoors and outdoors. PaSO's MA Music Workshop activities such as, but not limited to music playing, singing, dancing, swimming, soccer, basketball, volleyball fishing, using air guns, wilderness travel, lake activities, hiking, transportation to and from the activity site, and many others may result in property damage or fatal injury. Dangers also inherent to lakes & rivers, forces of nature such as darkness, heavy rain, lightning, strong winds, extremes of heat and cold, biting insects and animals may cause an accident or serious injury. I understand that although PaSO's AM has taken reasonable precautions to provide proper equipment, suitable facilities, and trained staff, it is impossible to guarantee totally negligence free environment, absolute safety against illness, injury, or loss resulting from participation. I acknowledge the risk inherent in PaSO's AM music workshop camp program and agree to assume that risk.

ASSUMPTION OF PERSONAL RESPONSIBILITY I certify, that participant have no communicable diseases. I will notify PaSO AM in writing of any medical or emotional condition that may restrict safe participation in the program. I inform, that above named participant will not have any telecommunication devices like cell phones, 2-way radios etc. I acknowledge that participant failure to adhere to safety rules established by PaSO AM Staff may result in being asked to discontinue participation in the program. If participant is barred from further participation, or if I and/or participant voluntarily refrain from participation, or if I and/or participant leave the trip, I am responsible for all expenses incurred and I have no claim for any refunds from PaSO AM and its representatives.

AUTHORIZATION FOR MEDICAL TREATMENT In case of an emergency, I hereby give permission to PaSO AM representatives and/or group leaders of organization who organize the event to secure medical treatment that might include hospitalization, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for participant named above. I also certify that my insurance company or myself will cover all accidental, medical and transportation costs.

CONSENT WAIVER AND RELEASE In consideration of participating in any activities in any event organized by PaSO's AM, I hereby agree to release and discharge from liability PaSO AM and Camp Vista and its directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them on behalf of myself and my children, parents, heirs, assigns, personal representative and estate. Consequently, I waive, release, and discharge any and all claims for any personal injury or damages, death, or property damage/loss, which I may have as a result of participation. I understand that PaSO AM and Camp Vista shall not be liable for any delay or accidents of means of transportation arranged by PaSO AM and Camp Vista, any and all acts of a third parties, or any other cases beyond their control. PaSO AM and Camp Vista reserves the right to cancel, change, or substitute any service because of weather, safety condition of activity places/equipment or other reasons. My registration provides PaSO AM the authorization to use photos and videos of me or registered participants for promotional purposes without further consent or compensation.

INSURANCE I am aware, that I am responsible for paying all participant's medical expenses and related costs for any injuries that may occur during participation in the event. I agree to maintain throughout my participation, sufficient medical and accidental insurance (insurance should be valid in the State of Wisconsin). I understand that this is my sole responsibility to release all persons and entities from providing this coverage for participant. PaSO AM and Camp Vista strongly recommend to purchase a TRAVEL INSURANCE to protect against the risk of medical expenses, death, travel delays, trip cancellation, any damage, loss of baggage or personal belongings, etc.

**I understand and accept all terms and conditions presented to me in the English language.
(Rozumiem i akceptuję wszystkie warunki i zasady przedstawione mi w języku angielskim)**