

**ODPC BAND ACADEMY**  
**AGREEMENT OF RELEASE AND WAIVER OF LIABILITY**

Name \_\_\_\_\_

Date of Birth (optional) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone: Cell \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**IMPORTANT:** It is your responsibility to inform the instructor of your condition before class begins.

I, (print name) \_\_\_\_\_ hereby release ODPC BAND ACADEMY, the staff and my instructors from responsibility for any injuries I may incur as a result of participation in the programs presented by ODPC BAND ACADEMY. In taking part in classes or workshops at ODPC BAND ACADEMY, whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the

consequence thereof, resulting from participation in or in any way connected with the above named activity.

In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in this activity. I authorize program staff to secure any licensed hospital, physician and/or medical personnel any treatment deemed necessary for the participant's immediate care.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages, and losses of any type, which may occur to me, and I hereby fully and forever release and discharge ODPC BAND ACADEMY, its officers, employees, and insurers including any self-insurance funds of the State from any and all claims, demands, damages, rights of action, present and future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my participation in this class.

Parent / or Yourself Initial:

\_\_\_\_\_ Release and waiver of Liability

I have read and fully understand the Release and Waiver of Liability Agreement and release of all claims.

\_\_\_\_\_ Photography Permission

We give permission to use this participant's likeness in either photographic or video-taped promotional materials

I have read the above carefully before signing. Further, I understand that this release and waiver of liability shall be effective for a period of time for the dates listed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_