



**Liability & Medical Waivers Required for Event Participation**

**Liability Waiver:** I am fully aware that participation in this event may result in risk of personal injury or harm to me or my child. I hereby agree to waive all claims against the Suzuki Music Association of California, for damage to property or injury or death to persons arising out of the participation in this event.

I voluntarily forever indemnify, defend, and hold harmless the Suzuki Music Association of California, its officers, agents, representatives, employees and volunteers from and against any and all claims of liability, loss or damages, costs and expenses, including reasonable attorney's fees, whether director or consequential, on account of any loss, injury, death, or damage to any persons or property arising in any way out of your participation in this event, unless they arise solely out of the gross negligence or willful misconduct of SMAC. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgements of any and every kind that I, my child or children, or our respective heirs, guardians, relatives, executors, administrators or assignees may have against SMAC because of any death, personal injury or illness, or because of any loss or damage to property including musical instruments that occurs during participation that results from any cause other than negligence.

This indemnification and hold harmless agreement shall include indemnity against all costs (including without limitation, reasonable attorney's fees and court costs), expenses and liabilities incurred in or in connection with any such claim or proceeding brought thereon and in defense thereof.

I have read and understand this release, indemnification and hold harmless form. I voluntarily agree to it by electronically submitting the registration form and hereby give permission to the Suzuki Music Association of California for emergency transportation and/or treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation and/or treatment. I further certify that my child is in good physical condition and has no medical or physical conditions that would restrict his/her participation in this activity or program.

**Medical Treatment Informed Consent:** I grant permission for a nurse, health center, or hospital staff to administer any necessary aid immediately to myself or my child(ren), referenced in this application should s/he they, or me become sick or injured while attending this event, and in the case of my child(ren), to do so without having to wait until I am contacted. In the unlikely event of physical injury resulting from your participation in this program, necessary medical treatment will be provided to you and/or your children and billed as part of your medical expenses. Costs not covered by your health care insurer will be your responsibility. Also, it is your responsibility to determine the extent of your health care coverage. There is no program in place for other monetary compensation for such injuries. However, you are not giving up any legal rights or benefits to which you are otherwise entitled.

**I have read the foregoing and fully understand the contents hereof. I represent that I am the [parent/guardian] of the minor I am registering in a SMAC event. For value received, I hereby consent to the foregoing on his/her behalf.**