

The Perlman Music Program

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Please complete this form and mail by November 1, 2011 to:
The Perlman Music Program, 19 West 69th Street Suite 304, New York, NY 10023
Or fax it to: 212-501-7099

Submission of a completed form is a prerequisite to participation in the program.

Liability Waiver and Release

I am about to take a trip organized by The Perlman Music Program (“PMP”) for the Sarasota Winter Residency from December 22, 2011 to January 8, 2012 (hereinafter, “the Residency”). That trip will involve air and other travel from my home to and from Sarasota, Florida and within the state of Florida. It will also involve tours by bus or car within Florida, visiting cities and towns, going to concerts, and a variety of other planned and unplanned activities.

I am fully aware of the risks and possibilities of injury involved concerned my child’s participation in the Residency and all its activities, and acknowledge that I am assuming all the risks of such injury by my child’s participating in the Residency.

I further acknowledge that I will be responsible for any and all medical and related bills and expenses that may be incurred by me for any illness or injury that my child may sustain during the Residency and while traveling to and from the site for the Residency and all its activities.

In connection with the Residency, I further acknowledge and authorize the employees of PMP to act accordingly to their best judgment in any situation requiring medical attention, whether an emergency or not, until such time as I am contacted to make decisions regarding my child’s treatment. If in the judgment of a physician or designee it is necessary for health care reasons to proceed with treatment without delay, I authorize that this treatment may proceed without prior notification of the undersigned, although every attempt will be made to notify me in the event of such an injury or illness. I agree that any medical information provided to this camp shall be released to other health care providers who may be providing care. I also agree to hold PMP, its parent, predecessor, successor and assigns, and its respective officers, directors, trustees, representatives, members, employees, or agents harmless and to indemnify the PMP from all liability, loss, cost, claim or lawsuit, including injury, death, or property damage, which may be imposed upon PMP because of such medical treatment of my child.

Knowing these facts and in consideration of my child’s participation in the Residency, I, acting as parent or legal guardian of my child agree to release and hold harmless, to the fullest extent permitted by law, the PMP, its parent, predecessor, successor and assigns, and its respective officers, directors, trustees, representatives, members, employees, or agents from any and all liability for negligence or any other claim, cause of action, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney’s fees and costs) of any kind (including death, personal injury, and property damage) the undersigned has or may have

