The Perlman Music Program

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Please complete this form and mail by November 1, 2009 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

I am about to take a trip organized by The Perlman Music Program. 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. By signing this document I acknowledge that, to the maximum extent permitted by law, The Perlman Music Program and its officers, directors and employees assume no responsibility for and is not liable for: 1) any injury of any kind which I or any member of my family may sustain during the trip or in connection with any of the activities of the trip; 2) any loss to my personal property or the personal property of any member of my family that may occur during the trip or in connection with any of the activities of the trip. I expressly waive my right and the right of any of my heirs, legal representatives and assigns to sue or otherwise collect damages from The Perlman Music Program and its officers, directors and employees, resulting from personal injury or property damage sustained during the trip or in connection with any of the activities of the trip.

Authorizations

In case of an emergency I hereby authorize the doctor, hospital, and/or any other healthcare provider to which I am or my child is brought (and whomever they may designate as their assistant) to perform any emergency procedure or operation, to give treatment and the administration of an anesthetic to me or my child during his/her trip. I release The Perlman Music Program and its officers, directors and employees from any and all liability which might arise in connection with this medical authorization.

_____	_____	_____
Date	Signature of Guardian (if under 18)	Witness

Participant

_____	_____	_____
Date	Participant Signature	Witness

_____	_____	_____
Passport Number	Date of Birth	Place of Birth