

INTERNATIONAL MUSIC FESTIVAL  
Liability Waiver  
**Please complete and return with registration forms.**

1. I agree to release, waive, discharge, and covenant not to sue the International Music Festival (IMF), Rider University (RU), Marriott (MRT), other facility or transportation sources used by IMF, or any other unnamed subsidiaries or representatives thereof from any injury or damage in any way related to or resulting from the use of RU or MRT facilities for the IMF. I also agree to indemnify IMF, RU, MRT and their trustees, officers, directors, employees, volunteers, or agents (releasees) and hold releasees harmless from any and all demands, losses or damages on account of injury or damage to property caused or alleged to be caused in whole or in part by releasees.

2. It is understood that each parent or guardian will take full responsibility for the supervision of their child or children. Any injury or accident that occurs because of lack of supervision or violation of pre-advised policies shall be the sole responsibility of the parent or guardian.

3. My signature below signifies understanding and acceptance of the terms listed above. I will read and agree to abide by the pre-advised policies/disclosures as listed in the program booklet in my registration packet.

Name of participant \_\_\_\_\_

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

ALL REGISTRANTS UNDER THE AGE OF 18 MUST COMPLETE THE EMERGENCY MEDICAL RELEASE BELOW. THE RELEASE MUST BE SIGNED BY THE PARENT OR GUARDIAN.

Please print: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

I hereby grant permission for the above named to participate in the program offered by IMF at Rider University, Lawrenceville, NJ

I hereby grant permission for the authorized personnel of IMF to obtain medical care on behalf of the above named student, in the event of an emergency. I understand and agree that such action may include, but not be limited to:

- a) Contacting a physician
- b) Admitting the student to an emergency clinic or hospital
- c) Engaging the services of an ambulance or other emergency vehicle.

I understand and agree that such action will be taken on behalf of the student and that I, as the student's parent or legal guardian, shall be responsible for all costs and expenses associated with emergency treatment.

I understand the IMF is designed as a program where one or more parents attend the events along with the child. or assign an adult to look after the child during the events. I understand that this is a family oriented program and no child should attend without adult supervision.

Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact \_\_\_\_\_ Contact # \_\_\_\_\_