Endless Mountain Music Festival

"Classical Music is Just the Beginning"

"EMMF" ASSUMPTION OF THE RISK AND LIABILITY RELEASE FORM

In order for you to participate in EMMF, July 22 – August 12, 2013, you must sign and return this release form with your deposit payment.

YOUR NAME _____ GENDER ( ) Male ( ) Female

AGE _____ BIRTH DATE _____

ADDRESS _____

CITY_____STATE/PROVINCE_____COUNTRY_____

PHONE: _____ EMAIL

_____ IN CASE OF EMERGENCY, CONTACT :

_____

PHONE NUMBER OF CONTACT: _____

MEDICAL ALLERGIES:

_____ OTHER MEDICAL

PROBLEMS _____ FAMILY

PHYSICIAN'S NAME:_____PHONE: _____ MEDICAL

INSURANCE COMPANY _____ PHONE: _____
I N S U R A N C E P O L I C Y N U M B E R
_____

I, _____, understand that, while minimal, the risk of injuries is an inevitable and inherent consequence of participating in *EMMF*, held at various locations throughout the region and that no amount of reasonable instruction and supervision, use of proper equipment or facilities will prevent injuries. I have carefully considered how the possible consequences of such an injury may impact my life, and despite this, I choose to assume this risk and to participate in the activities of *EMMF*. I understand that EMMF and Mansfield University is not responsible for personal injuries or damages caused during my participation in this voluntary activity. In accepting this risk, I expressly and explicitly release and discharge from responsibility and liability EMMF and Mansfield University of Pennsylvania, the State System of Higher Education, the Commonwealth of Pennsylvania, and the employees, officials or agents of any and all of the foregoing, pursuant to, related to, or arising from, any injuries to my person as a result of participating in *EMMF*.

In addition, I agree to indemnify and hold harmless, legally and otherwise, EMMF and Mansfield University of Pennsylvania, the State System of Higher Education, the Commonwealth of Pennsylvania, and the employees, officials or agents of any and all of the foregoing, pursuant to, related to, or arising from, any injuries to my person as a result of participating in *EMMF*.

I verify that I have health insurance, and acknowledge that EMMF and Mansfield University and the State System of Higher Education, the Commonwealth of Pennsylvania, and their employees, officials or agents are not responsible for any health care expenses as a result of my participation in fitness and health testing. I verify that I have no physical or mental disabilities, impairments or chemical dependencies that might inhibit my participation in *EMMF*, and I agree to abide by all EMMF and Mansfield University regulations, directions and instructions regarding my participation. In case of injury while participating in *EMMF*, I hereby give advance permission to obtain medical services on my behalf including, but not limited to, paramedic treatment, transportation by emergency vehicle to a medical facility, and treatment by emergency physicians. All extraordinary measures are to be taken in regards to treatment and I shall assume all fiscal responsibility as to any treatment and services. I will indemnify and hold harmless EMMF and Mansfield University of Pennsylvania, the State System of Higher Education, the Commonwealth of Pennsylvania and their employees, officials and agents from any and all financial and legal obligations associated with emergency treatment, including all actions in seeking and obtaining this service. I, the undersigned, am at least 18 years of age, and competent to sign this release. By signing this release, I hereby acknowledge that I understand and voluntarily accept the hazards, risks, rights and responsibilities noted in this release.

Signature of Participant _____ **Date**