

Summer Program 2010 Liability Release Form for Minor Students

Student Name

I hereby certify that I, _____, am the parent or legal guardian of the student named above.

I understand that participants of the Summer Program are treated as adults, and I attest the fact that my child/ward can conduct himself/herself in these regards. The Academy will not be responsible for delivering students to class, ensuring they do not leave campus during school hours, or any other conduct usually associated with children's programs.

I hereby give permission for the staff of the Academy to seek, during the program, appropriate medical attention for the student and for the medical attention to be given in the event of an accident, injury, or illness. I, the parent/guardian, will be responsible for any and all costs of medical attention and treatment. I, for myself, my heirs, executors and administrators, waive, release and forever discharge LA Music Academy, the program and its staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained during participation in activities or while on campus or off, whether or not damages, injury or loss are due to negligence.

I understand that LA Music Academy produces promotional material relating to its programs. I understand that as a participant in and/or a spectator at the program, child/ward may be included in photos, videos, or audio recordings taken during the program. Therefore, without reservation or limitation, I, on my own behalf and on the behalf of the student, hereby assign, transfer and grant to LA Music Academy, its successors, assignees, licensees, sponsors, and all other commercial exhibitors the right to photograph and/or videotape my child/ward and to utilize such videotapes and photographs and my child/ward's name, face, likeness, voice and appearance as part of the program, in advertising and promoting similar future events. I further understand that neither the Academy nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

I understand that lunch will only be provided on Monday and will make arrangements for my child/ward's lunch on the subsequent days. I understand that some food is available from vending machines on campus. I understand that Burger King, Subway, Vons and several cafes are located a few minutes' walk from campus. I understand that students bringing their lunches will have access to microwaves.

Emergency Contact

Relationship

Phone

Primary Care Physician

Phone

Signature of Parent or Legal Guardian

Date