

SOUND EXPERIENCE - Release Agreement

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PLEASE PRINT

For DAY TRIPS – Please bring with you to the ship.

For OVERNIGHT TRIPS – Please send to office ONE MONTH prior to voyage.

A separate agreement is required for each minor and adult participant. Agreements for participants under age 18 must be signed by parent or legal guardian.

Name _____ Age (if youth) _____
Group _____ Trip Date _____
Parent/Guardian of Minor _____
Phone Day _____ Evening _____
Address _____ City _____ State _____ Zip _____
Email _____ **Sign me up for Sound Experience E-News:** Yes No
Emergency Contact _____
Phone Day _____ Evening _____
Address _____
City _____ State _____ Zip _____

I am a current member of Sound Experience: Yes No
I would like to receive information about: Educational Programs Corporate Membership

Medical Release

I hereby give permission to the Sound Experience Staff and/or any adult member of the participating group to transport myself/my child to a doctor and/or hospital for treatment. I authorize all medical, surgical, diagnostic and hospital care procedures which may be performed or prescribed for myself/or my child by a licensed physician or hospital, when efforts to contact me are unsuccessful, and when deemed immediately necessary or advisable by the physician to safeguard myself/or my child. I waive my right of informed consent to such treatment. *If, for religious or other reasons, you wish NOT to authorize treatment, please attach a letter of explanation.*

Photo Release

I hereby give permission for Sound Experience Staff and/or any person acting on their behalf to photograph myself/my child and allow Sound Experience to use these pictures as it sees fit. I release all publication rights to said photos. *If, for any reason, you wish NOT to authorize release of photos, please attach a letter of explanation.*

Participation Release

I acknowledge that I have voluntarily chosen and HEREBY GIVE permission for myself/my child to participate in a program conducted by Sound Experience. I hereby certify that I am cognizant of the inherent dangers of sailing and water related activities and I hereby assume such risks. I HEREBY UNDERSTAND AND AGREE that Sound Experience, its owners, directors, officers, operators, agents, employees, instructors, staff and crew together with other unnamed assistants, shall not be held liable in any way for any occurrence in connection with any accident, injury or occurrence to myself or the above named participant in connection with the activities of Sound Experience unless the same is as a result of the negligence on the part of the above referred entities and persons. I further hereby waive and release any claim for personal injury or death against the above referred entities and persons and any and all damages to me, the above named participant, my estate, my family, heirs and assigns. In consideration of myself or the above named participant being allowed to participate in the activities of Sound Experience, I hereby personally assume all risks in connection with said activities, whether foreseeable or unforeseeable and further to save and hold harmless said program, entities and persons from any claim by me, the above named participant, our families, estates, heirs and/or assigns arising out of my or the above named participant's enrollment and participation in this program. I further agree to indemnify Sound Experience for all claims, demands, costs, or judgments arising out of my own acts or omissions arising from by participation. I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my voluntary act.

I HAVE FULLY INFORMED MYSELF OF THE CONTENT OF THIS AGREEMENT BY READING IT BEFORE SIGNING.

Participant x _____ Date _____
Parent/Guardian of Minor participant _____ Date _____
 Natural or Adoptive Parent Legal Guardian