

# SOUND EXPERIENCE - Release Agreement

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## PLEASE PRINT

For **DAY PROGRAMS** – Please bring with you to the ship.

For **OVERNIGHT PROGRAMS** – 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 a parent or legal guardian.

Name \_\_\_\_\_ Age \_\_\_\_ Group \_\_\_\_\_  
\_\_\_\_\_ Trip Date \_\_\_\_\_ If Minor, Name Of \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Phone Day \_\_\_\_\_ Evening \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ **Sign me up for Sound Experience E-News:**  Yes  No  
Emergency Contact \_\_\_\_\_  
Phone Day \_\_\_\_\_ Evening \_\_\_\_\_

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 me/my child to a medical practitioner and/or hospital for treatment. If reasonable efforts to contact me are unsuccessful, and when deemed immediately necessary or advisable, I authorize all medical, surgical, diagnostic and hospital care procedures which may be performed or prescribed by a licensed physician or hospital. 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 me/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 me/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. I HEREBY UNDERSTAND AND AGREE that Sound Experience, its owners, directors, officers, operators, agents, employees, instructors, staff, assistants, and crew (hereafter "Releasees") shall not have any liability in connection with any accident or injury sustained arising out of or relating in any way to participation in the program. I further hereby waive and release any claim against Releasees for injury or death, including but not limited to claims based on those entities' and persons' negligence. This waiver and release extends to any claims by me, minors for whom I am signing, and our respective estates, families, heirs and assigns. In consideration of participation in the program, I and everyone on whose behalf I am signing hereby assume all risks of loss or damage in connection with said participation or program whether foreseeable or unforeseeable, and further agree to hold harmless Releasees from any claim by me, the participant, our, estates, heirs and/or assigns arising out of or relating in any way to participation in the program. I further agree to indemnify Releasees from and against all claims, demands, costs, or judgments arising out of or relating in any way to participation in the program. I further state that I am of lawful age and legally competent to sign this Release Agreement; and that I understand the terms herein are binding and enforceable, 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