

**SUMMER ARTS INSTITUTE AT GOUCHER COLLEGE  
JULY 10-23, 2011  
PARTICIPANT/PARENT WAIVER AND RELEASE OF LIABILITY**

In consideration for my child being permitted to participate in the Summer Arts Institute at Goucher College (the "Institute") that occurs on the campus of Goucher College from July 10-23, 2011, I agree to the following:

- For the duration of the Institute my child will be under the supervision of individuals affiliated with Goucher College. If the College determines that my child should be removed from the Institute for health or safety reasons I will comply with such request;
- I acknowledge that my child will be participating in events on campus that may include arts-related activities, physical movement, dance, sporting activities, and other physical activities; that serious accidents occasionally occur during such activities; and that participants in such activities occasionally sustain serious personal injuries (including death) and property damage as a consequence thereof;
- I acknowledge that my child may bring personal property to the Institute, including musical instruments, electronic equipment and books, and, that damage, including loss, may occur to such property during the course of the Institute;
- I assume these risks and, on my own behalf and on behalf of my minor child, I agree not to sue Goucher College, or its employees, trustees, directors, volunteers, or agents ("Releasees"), for losses, liability, property or other damages, or personal injury, including court costs and attorneys' fees, WHETHER CAUSED BY THE NEGLIGENCE OR CARELESSNESS OF THE RELEASEES OR OTHERWISE;
- I agree to indemnify and hold harmless Goucher College, its employees, trustees, directors, volunteers, and agents, from any loss, liability, property or other damages, and personal injury, including court costs and attorneys' fees, that they may incur due to my child's participation in the Institute, WHETHER CAUSED BY THE NEGLIGENCE OR CARELESSNESS OF THE RELEASEES OR OTHERWISE;
- If my child should require any emergency medical procedures or treatment during participation in the Institute, I consent to representatives of Goucher College providing, arranging for or consenting to such procedures or treatment in their discretion and waive all claims against Goucher related to the provision of such services. I understand that I will be responsible for payment of any expenses relating to such treatment and that it is my responsibility to ensure that I have medical insurance coverage for such expenses.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS OF MY OWN AND OF MY CHILD BY SIGNING IT, AND I SIGN IT VOLUNTARILY ON BEHALF OF MYSELF AND ON BEHALF OF MY CHILD AND ALL HEIRS AND ASSIGNS.**

Name of Participant \_\_\_\_\_ Age \_\_\_\_\_

**Please note that by signing on behalf of a participant less than 18 years of age, the parent/guardian agrees to all of the terms of this waiver and release on behalf of the participant and on behalf of him or herself.**

Signature of Parent/Guardian \_\_\_\_\_ Name of Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_