

**DEPARTMENT OF MUSIC • SUMMER MUSIC CAMPS**

**2017 RELEASE AND INDEMNIFICATION AGREEMENT**

**PARTICIPANT:** (Name and Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTITUTION:**

University of Arkansas – Fort Smith

**LOCATION:**

Department of Music Breedlove Bldg.

**CAMP SESSION(S):**

\_\_\_\_\_

**DESCRIPTION OF ACTIVITY:**

Summer Music Camp

**DATES:** \_\_\_\_\_

I am the Parent/Guardian of the above-named Participant who is under eighteen (18) years of age and am fully competent to sign this Agreement.

In consideration of Participant being permitted to participate in the Activity and to use the program's facilities and equipment, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation. I hereby release the above-named Institution, its governing board, officers, employees and representatives from any and all liability to Participant, and to Participant's personal representatives, estate, heirs, next of kin and assigns, for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY, AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Address (if different from Participant's)

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of witness (anyone over 18)

\_\_\_\_\_  
Date signed

**THIS FORM MUST BE RECEIVED BEFORE THE CAMP BEGINS  
OR STUDENT WILL NOT BE ALLOWED TO PARTICIPATE.**