



SPECTRUM WINTERGUARD

RELEASE AND ASSUMPTION OF RISK AND CONSENT TO MEDICAL TREATMENT

I have signed and delivered this document to you on behalf of the participant named below. _____ (“Performer”) has my permission to participate in all activities arranged by Spectrum Winterguard from October 2009 through April 2010.

I am aware that during any of the Spectrum Winterguard activities – including, without limitation, auditions, rehearsals, trips, and competitions – certain hazards may occur, including but not limited to, the hazards of accidents or illness, which may occur at places without medical facilities; hazards created by the forces of nature; and hazards of travel by air, train, bus, automobile, and other means, including physical exercise, marching, running, and walking.

I understand and do hereby assume all of the above-mentioned risks and will hold Spectrum Winterguard harmless from any and all liability whatsoever which may arise out of participation in any activities arranged for the Performer by Spectrum Winterguard, or during any travel in private vehicles to and from any Spectrum Winterguard rehearsals or functions. This document shall serve as a release of all claims for personal injury to the Performer and an assumption of risk binding upon my heirs, executor and administrators, and all members of my family.

In an event of Performer’s illness, I do hereby authorize any of the directors, officers, managers or chaperones of Spectrum Winterguard who are present at the place of occurrence to consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis, treatment, and/or hospital care that may be considered necessary for the Performer in the best judgment of the attending physician, surgeon, or dentist and to be performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I recognize that the directors, officers, managers or chaperones consenting to such health care may reasonably and in good faith rely upon the advice furnished to him or her by the attending licensed health care provider(s).

Signed: Date Performer

Date Parent/Guardian (if performer is under 18)
