

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL MARCHING HEALTH ACTIVITIES, AND ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT.

Marching Health, LLC actively promotes health and wellness in the marching arts, but recognizes that accidents may occur given the physically demanding nature of the activity. By signing below, I accept liability for any accidents or injuries that may occur during the clinic. I hold harmless and promise not to sue Marching Health, Dr. Elliot Cleveland, sponsors, or any supervising staff if any personal damages, accidents, injuries, or medical emergencies do occur. I am also aware that the highest level of care and supervisions will be provided to my child while participating in the Marching Health Clinic.

I certify that my child is physically prepared for participation in this activity, and has not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my child's participation in this activity.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Name
(Please print legibly.)

Date

Participant's Signature

Parent/Guardian Signature

Date

(If under 18 years old, Parent or Guardian must also sign.)