

STATEMENT OF CONSENT, RELEASE AND RISK ALLOCATION

Name(s): _____

Address: _____

Email/Phone: _____

This Statement of Consent, Release and Risk Allocation is designed to protect all participants in the Golden Key Music Festival Abroad: the students, faculty members, other participants, and the organizations acting in cooperation with the Golden Key Festival. Please indicate your agreement with the following conditions by affixing your signature below. I have been advised and am aware of the inherent and/or latent danger (including but not limited to: risk of serious injury, the hazards of travel, accident or illness, or acts of God) of participating in the Festival. I am aware of the sources of information at my disposal concerning risks associated with foreign travel, and those sources include internet searches, State Department public information and other sources of information about travel abroad. I am aware that I am required to have a medical examination prior to participating in this activity to ensure that I am in sufficiently good health to participate in the Festival. I am required to notify those responsible for planning this Festival of any special accommodations that I may require. Further, I am aware, and have been advised, that I must be covered by adequate medical insurance, and I have sufficient coverage. In the event of an injury, I give permission for medical care deemed necessary to be provided for me. I do hereby note, understand, and assume responsibility for any and all risks associated with my participation in the Festival. I release and discharge forever American Concert Alliance, LLC, Golden Key Music Festival, LLC, its regents, officers, employees, agents, and representatives from any responsibility for any claims, demands, lawsuits, damages, expenses, liabilities, or injuries that may occur or be given rise to during my participation in the Festival. I understand that this is a group program, and that group standards must be observed. I agree that the Festival Artistic Director shall have the right to terminate my enrollment for failure to maintain these standards, or for actions or conduct which the Festival Artistic Director consider to be detrimental to, or incompatible with, the interest, harmony, comfort or welfare of the group as a whole, including but not limited to disruptive behavior or failure to abide by Festival policies. I acknowledge that I will be personally responsible for expenses associated with return travel if that is occasioned by conduct problems on my part or other disruptive behavior that results in a determination by the Festival Artistic Director or his representatives that my participation in the Festival cannot continue. I understand that the Festival Artistic Director reserves the right to make alterations in assignments and itineraries at any time if deemed necessary. I understand that all participation fees are non-refundable. I understand that any transportation that I arrange for myself while abroad is at my own risk and expense. I agree that the use of rental cars and/or equipment is at my own risk. If I plan to operate a motor vehicle or other equipment, I must obtain liability and collision insurance that will cover me in the applicable foreign country. I acknowledge and agree that neither the American Concert Alliance, LLC nor Golden Key Music Festival, LLC and their officers shall be liable for any injury, death, or loss to person or property I sustain while participating in or arising out of such activity. I understand that, while traveling or residing in any foreign country, I will be subject to the laws, rules and law enforcement procedures of that country. Any violation of such laws is beyond the control of the Golden Key Music Festival and its officers. I acknowledge that I am wholly and solely responsible for my statements, actions, errors and omissions; that I am solely responsible for my conduct throughout the course of this Festival. It is the participant's responsibility to verify that his/her medical insurance will be accepted in the destination country. Coverage must be maintained for the duration of the trip.

Sign, date and print full name (*father, mother or guardian for participants under 18*):

Signature: _____

Date: _____

(print name)