

## **Summer Xperience 2016: Liability Release Form for Students 18 and older**

This form must be returned LACM by **June 1**<sup>st</sup> (the tuition balance due date) or as soon as possible to Iris Alba at <a href="mailto:iris@lacm.edu">iris@lacm.edu</a>. You may also mail in your form to LACM by mailing it to Los Angeles College of Music, 370 South Fair Oaks Ave, Pasadena, CA 91105; with the attention to Iris Alba.

		DOB:
Student Name:		
I hereby certify that I,, hereby give permission for the staff of LACM to seek, during the program, appropriate medical attention for myself and for the medical attention to be given in the event of an accident, injury, or illness.		
I, the student, will be responsible for any and all costs of medical attention and treatment. I, for myself, my heirs, executors and administrators, waive, release and forever discharge LACM, the program and its staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained during participation in activities or while on campus or off, whether or not damages, injury or loss are due to negligence.		
I understand that LACM produces promotional material relating to its programs. I understand that as a participant in and/or a spectator at the program, I may be included in photos, videos, or audio recordings taken during the program. Therefore, without reservation or limitation, I, on my own behalf, hereby assign, transfer and grant to LACM, its successors, assignees, licensees, sponsors, and all other commercial exhibitors the right to photograph and/or videotape myself and to utilize such videotapes and photographs and my name, face, likeness, voice and appearance as part of the program, in advertising and promoting similar future events. I further understand that neither LACM nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.		
I understand that lunch will only be provided on Saturday, June 25th for Session 1 and Wednesday, June 29th for Session 2 and will make arrangements for lunch on the other days. I understand that some food is available from vending machines on campus, or a box lunch is available on request for an extra charge. I understand that Starbucks, Subway, Vons and several cafes are located a few minutes' walk from campus. I understand that students bringing their lunches will have access to microwaves.		
Emergency Contact	Relationship	Phone
Primary Care Physician	Phone	_
Signature of Student		Date
Electronic Signature Agreement. By checking this statement and typing in your signature below, you are signing this agreement electronically. You agree that the electronic signature is the legal equivalent of your manual signature on this agreement. By check marking and typing your signature below, you consent to be legally bound by this agreement terms and conditions.		