



*PaTRAM Institute Risk and Release Form*

**FIELD TRIP: ASSUMPTION OF RISK AND GENERAL RELEASE FORM**

***THIS IS A RELEASE OF LEGAL RIGHTS – READ AND UNDERSTAND BEFORE SIGNING***

Name of Participant: \_\_\_\_\_

Name of Program: Young Singers' Conference

Destination(s): Waymart, PA

Date(s): May 28th - May 30th, 2016

I have chosen voluntarily to participate in the program described above (the “Trip”) sponsored by the Patriarch Tikhon Russian-American Music Institute (“PaTRAM”). (“Trip” is understood to include all activities at destinations, and all travel to and from such destinations.) This agreement confirms my understanding of the following:

1. Risks of Travel; U.S. State Department Warning. I understand that participation in the Trip involves risks not found in study at Harvard. These include without limitation risks involved in traveling to and from; political, legal, medical, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; and local weather conditions. The areas to which I will travel may have health and safety standards that differ from mine, and I recognize that I may be subjected to potential risks, illnesses, injuries and even death. I have made my own investigation of these risks, understand these risks and assume them knowingly and willingly.

I also acknowledge that in working, living and traveling in cities, I may experience problems associated with urban living, including increased crime, pollution, high population density or standards of living and health standards that are different from those to which I am accustomed to. I acknowledge that it is my responsibility to take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that PaTRAM recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well being.

I understand that, although PaTRAM has organized the Trip, it cannot eliminate all risks or guarantee my safety while I am on the Trip. With knowledge of this information, I have made the independent judgment to participate in the Trip.

2. Health Insurance; Medical Care; Health and Safety Concerns. I understand that I am responsible for obtaining any recommended immunizations before traveling to my destination. I carry valid and current medical insurance and have a valid insurance identity card to bring. I have determined that this insurance is adequate to cover injuries or illnesses that I may sustain while participating in the Trip. I will be solely responsible for payment in full of all costs of medical care I may receive.

I authorize PaTRAM to obtain appropriate health care for me in the event that I need it but am unable to obtain it for myself. I further agree to hold harmless and indemnify PaTRAM for any and all actions taken by PaTRAM to provide necessary emergency medical care to me during the Trip. I also understand and agree that if I experience serious health problems, suffer an injury, or am otherwise in a situation that raises significant health and safety concerns, then PaTRAM may contact another person whose name I have provided as my "emergency contact."

3. Standards of Conduct. I recognize that I assume an important personal obligation to conduct myself in a manner compatible with local laws and regulations; with the policies of my host institution (if any); and with any instructions given by the Trip leaders.

4. Travel Arrangements. I understand that PaTRAM will help me with travel arrangements if necessary. However, it is my responsibility to cover all expenses for travel.

5. GENERAL RELEASE. Knowing the risks described above, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Trip. To the maximum extent permitted by law, I release, hold harmless and agree to indemnify PaTRAM, and its officers, governing board members, faculty, staff, representatives, employees and agents, from and against any present or future claims, losses, liabilities, costs and expenses for injury to person or property, or for any other damage, which I may suffer, or for which I may be liable to any other person, related to my participation in the Trip (including periods in transit to or from my destination), resulting from any cause, including but not limited to negligence on my part or on the part of any of the released parties. However, I understand that nothing in this paragraph shall act as a waiver of any rights I may have as a citizen of the \_\_\_\_\_(provide country of citizenship).

I certify that I am age 18 or older. I have carefully read and freely signed this Assumption of Risk and General Release Form. I understand and agree that no oral or written representations can or will alter the contents of this document.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name (print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of represented minor (print) : \_\_\_\_\_

\*If under the age of 18, this form must be completed by parent or legal guardian.

**EMERGENCY CONTACT INFORMATION:**

*United States:*

**First Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (cell) \_\_\_\_\_

E-Mail Address(es): \_\_\_\_\_

**Second Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (cell) \_\_\_\_\_

E-Mail Address(es): \_\_\_\_\_