

**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: Memorial Day Conductors' & Singers' Workshop

Destination(s): St. Tikhon's Monastery, Waymart, PA

Date(s): May 26<sup>th</sup> thru May 29<sup>th</sup> 2017

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:

GENERAL RELEASE. Knowing the risks, 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 United States or Canada.

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) \_\_\_\_\_

*Continue to next page....*

**EMERGENCY CONTACT INFORMATION:**

*United States:*

**First Contact (at least one contact is required)**

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

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

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

**Second Contact**

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

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

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