



"Building youth through the pageantry of the arts"

208 South 36th Street
Camden, New Jersey 08105
admin@ampgp.org
www.ampprgp.org

Emergency Medical Release & Liability Waiver

I, the undersigned participant in AMP, or the parent/guardian of the above listed participant in AMP (if participant is under the age of eighteen), acknowledge and fully understand that each participant in AMP will be engaging in activities that involve the risk of serious injury, including permanent disability or death, which might result not only from the participant's action, inaction or negligence, but also from the action, inaction or negligence of others, the condition of any premises (including, without limitation, school gymnasiums, indoor soccer facilities and outdoor facilities), risks created by the forces of nature, and hazards of travel by air, train, bus, automobile and other means, including, without limitation, walking and/or driving, or being driven to and from rehearsals and other activities. Furthermore, there may be other unknown risks that are not reasonably foreseeable at this time.

Accordingly, I acknowledge and fully understand and agree that I assume all of the foregoing risks and accept personal responsibility for any and all damages following such injury, permanent disability or death, and hereby release, discharge and covenant to indemnify and not to sue AMP, its instructors, managers, employees and associated personnel, officers, directors, agents, members, volunteers and representatives, from any and all liability to the undersigned, and to his/her heirs and next of kin, against any and all claims by or on behalf of the participant as a result of the participant's participation in AMP. I agree to indemnify and defend AMP against all claims, causes of actions, damages, judgments, costs or expenses, including attorneys' fees and other litigation costs, which may arise in connection with the participant's participation in AMP.

In an event of participant's illness, I hereby authorize any of the directors, officers, managers, instructors or chaperones of AMP who are present to consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis, treatment, pain control, other invasive treatments and/or hospital care that may be considered necessary for the participant in the reasonable judgment of the attending physician, surgeon, or dentist and to be performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing such medical or dental services. I agree to be financially responsible for the cost of such assistance and/or treatment. I recognize and agree that the directors, officers, managers, instructors and/or chaperones of AMP consenting to such health care may reasonably and in good faith rely upon the advice furnished to him or her by the attending licensed health care provider(s).

I also give permission for my personal, protected medical information provided on this form, and any personal protected health information collected by personnel of AMP, to be released to any hospital and/or clinic providing treatment, to AMP management, and to any insurance company representing AMP. This form may be photocopied for use out of rehearsals, performances and tour.

I agree that all claims that may arise from participant's participation in AMP shall be resolved under New Jersey law.

I have read the above waiver/release and understand that I have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner without the express written consent of the Director of AMP and that any unauthorized alteration will cause the participant to be removed from AMP.

NOTICE: THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE THE MEMBER MAY PARTICIPATE IN AMP. TREATMENT FOR INJURY WILL BE BASED UPON INFORMATION PROVIDED HEREIN. IF MEMBER IS UNDER 18, A PARENT OR GUARDIAN MUST SIGN THIS FORM.