



HILLTOP PIANO INSTITUTE

General Release Waiver

The undersigned, or on behalf of said minor, has asked Hilltop Piano Institute (hereinafter "HPI") to be allowed to participate in the activities offered at HPI. Non-piano activities may include but are not limited to volleyball, basketball, and extended walking. The undersigned acknowledges that activities involve physical exertion and other risks; is aware of the risk of injury to individuals participating or observing the activities; recognizes the need to participate in the activities according to the rules which have been given and to follow directions given by any the Activity Coordinator(s); warrants and acknowledges that his/her physical and mental condition will enable him/her to participate safely in the activity. The undersigned, or on behalf of said minor, hereby waives and releases any and all claims, demands, actions, causes of action and rights, (contingent, accrued, inchoate, or otherwise), defend, and hold HPI harmless from and against any and all claims, liabilities, expenses, damages, losses, causes of action, and suits (including, without limitation, attorneys' fees and costs) arising out of, or any way related to the participation in activities at HPI or in scheduled field trips away from campus.

Image Release Waiver

The undersigned gives permission to HPI to use any photographs, videos, or audio recordings of him/her, or said minor, for promotional materials, including internet postings, without expectation of compensation, including, but not limited to, any royalties, proceeds, and/or other benefits derived from such photographs, videos, or audio recordings.

Transportation Waiver (Minors)

The undersigned hereby requests and authorizes said minor to travel to any or all activities and events located away from HPI by traveling with HPI campers and staff member(s) in a campus-owned vehicle. The undersigned clearly understands the risks associated with said minor's travel and assumes all risks thereof.

Medical Release Waiver

The undersigned gives permission to the Health Supervisor to provide or arrange necessary transportation and to secure and administer proper treatment as needed and gives permission to release any records necessary for insurance purposes.

Emergency Contact Information: Mr. Mrs. Ms. _____

Relationship: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell/Work _____

E-mail: _____

Any known allergies: _____

Please list any pertinent medical information, chronic medical conditions, or other information we should know. _____

Please bring this form (signed) with you to Registration on Monday, Ladies Residence Hall Lobby.