

JUILLIARD SPONSORED TRAVEL WAIVER & RELEASE OF LIABILITY

Prior to departing for all Juilliard Sponsored Travel where students are involved, the following actions must occur:

I, _____ (PRINT NAME), hereinafter "Participant" have applied to participate in the program described above, sponsored by The Juilliard School in New York, NY. I hereby acknowledge and agree to the following:

1. I certify that I am physically fit and able to travel, and have not been advised otherwise by a medical professional. ____ (Initial)
2. I agree to comply with any and all rules, regulations, terms and conditions, including the Juilliard Student Code of Conduct, for participation in this trip. Furthermore, I fully understand that the standards of behavior for Juilliard students will be in effect and will be enforced during this activity. I will also abide by any decisions made by The Juilliard School or its agents in this regard for the good of myself and for the good of the group. ____ (Initial)
3. I acknowledge and fully understand that I may be engaging in activities that involve risk of serious injury, including permanent disability and death. These risks include, but are not limited to, those caused by: (a) the actions, inactions or negligence of The Juilliard School, students, faculty, participants, volunteers and spectators; and (b) conditions of any premises or equipment used. I further acknowledge and fully understand that there may also be other risks that are not known or foreseeable at this time. I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, EVEN IF ARISING FROM THE NEGLIGENCE OF THE JUILLIARD SCHOOL OR OTHERS, AND I ASSUME FULL RESPONSIBILITY AND LIABILITY FOR MY PARTICIPATION ON THIS TRIP. ____ (Initial)
4. I understand that during the course of the program, I will travel to destinations by bus and other modes of travel. I desire to take part in the transportation in order to participate in the program. I acknowledge that bus and other land travel poses several hazards and risks that may result in my illness, personal injury or death, or loss of personal property. Such hazards include, but are not limited to, weather difficulties, mechanical problems, other vehicles, pedestrians, and driver negligence. I am willing to travel and agree, on behalf of myself, my heirs, executors, administrators and assigns, hereby waive, release and discharge The Juilliard School, its administrators, members, trustees, directors, officers, employees, students, representatives, volunteers, agents, sponsors, advertisers and any other Program participants (collectively the "Releasees"), from any and all claims for damages, injuries, losses, liabilities and expenses which I may have or which may subsequently accrue to me, relating to, resulting from or arising out of my participation in the Program, including any injury or damage to my person or property. I agree to indemnify, defend and hold the Releasees harmless from and against any and all claims for damages, injuries, losses, liabilities and expenses relating to, resulting from or arising out of my participation in the Program. ____ (Initial)
5. I consent to have emergency medical treatment that may be deemed advisable in the event of injury, accident and/or illness during the program. I release The Juilliard School and all persons participating in any such medical treatment from all responsibility for their actions. ____ (Initial)
6. I give permission The Juilliard School, its governing board, officers, employees and representatives, including but not limited to the **[Department/OSA] (name specifically)**, to contact, at their discretion, my family members or emergency contact if I become ill or have any problems or needs while participating in this program.

Juilliard

7. In the event of an accident or emergency, permission is given for emergency anesthesia, surgery, hospitalization or other treatment deemed necessary for my well-being. _____ (Initial)

Section 1: The Juilliard School Policy Information

For more information regarding Student Health Insurance through Juilliard, please click [here](#).

Section 2: Alternative Insurance Provider

Insurance Carrier: _____

Group #: _____

Policy: _____

Member: _____

Claims to: _____

- Student must submit a claim form within 30 days.
 - Student has in-network and out-of-network coverage.
 - Services covered at a higher rate if provider is the PHCS Network.
8. I understand that if I am dismissed from the program for any reason, before or during the dates of the program, I will be responsible for any additional expenses incurred due to my dismissal and/or failure to complete the program in its entirety. I also understand that no refunds for submitted funds related to the program cost or transportation will be given. _____ (Initial)
9. I intend that this Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. This Waiver and Release shall be governed by and construed under the laws of the State of New York. _____ (Initial)

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCUR WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR PROGRAM.

Signature of Participant

Date

Witness

Date

If you are under the age of 18, a parent or legal guardian must sign this form.

Signature of Parent/Legal Guardian

Date