

DRURY JAZZ CAMP ACTIVITY AND INDEMNIFYING LIABILITY RELEASE

I accept full responsibility for my son or daughter. If an accident should occur injuring my son or daughter, including loss of life or limb, I hereby release the teacher, driver, sponsors, administrators, or other associated persons, together with DRURY JAZZ CAMP (and its officers and agents) and Drury University (plus its agents, servants, employees and Board,) from any liability thereon.

I further agree that I will indemnify and hold harmless all such persons and organizations from any loss, cost, judgment or other harm, including attorneys' fees, which might come to them if my child or anyone claiming by or through my child should ever institute litigation against any such person or organization for any reason touching upon or arising from my child's DRURY JAZZ CAMP experience. This agreement binds my heirs and successors.

I _____, grant permission for DRURY JAZZ CAMP or its designate to photograph, record or video tape my child, _____, during DRURY JAZZ CAMP activities and to use those materials for promotional or other purposes chosen by the Administrative Board for Pre-University Programs.

Parent or Guardian _____ Date _____

Parent or Guardian _____ Date _____

Address _____

Home Telephone Number _____

Emergency Telephone Number _____