

**SCHOOL OF MUSIC "OPEN HOUSE" INFORMED CONSENT  
(ADULT AGED 18 OR OLDER FORM)**

RULES AND REGULATIONS:

ACKNOWLEDGEMENT OF RULES AND REGULATIONS

I understand that it is my responsibility to comply with all rules and regulations as presented and acknowledge that breach of any of them may result in my privileges being terminated and being removed from the activity.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

**INFORMED CONSENT, RISK ACKNOWLEDGEMENT AND INDEMNITY AGREEMENT:**

**WARNING: BY SIGNING THIS DOCUMENT YOU INDICATE THAT YOU UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THE ACTIVITY, WHICH YOU ARE AWARE THAT BY PARTICIPATING IN THE ACTIVITY YOU ARE EXPOSING YOURSELF TO THE RISKS IDENTIFIED BELOW. IT GIVES THE UNIVERSITY THE AUTHORITY TO SECURE MEDICAL ASSISTANCE FOR YOU FOR WHICH YOU AGREE TO BE FINANCIALLY RESPONSIBLE. YOU ARE AGREEING TO ASSUME FINANCIAL RESPONSIBILITY FOR ANY DAMAGE TO THIRD PERSONS OR THEIR PROPERTY YOU CAUSE.**

Name of Participant \_\_\_\_\_

(Please print clearly)

Emergency Contact Name and Telephone Number \_\_\_\_\_

I am aware that participating in the School of Music Open House, I will be exposed to the following inherent risks, including but not limited to:

- theft, vandalism or loss of personal property
- any manner of injury resulting from use, misuse, non-use and failure of any equipment
- potential for bone and muscular skeletal injury, such as sprains and strains due to uneven terrain
- injury that may result from transportation to and from the event and/or activity
- impact with obstructions, equipment, other participants or spectators, visible or non-visible

I understand the risks.

Brandon University may secure such medical advice and services as it, in its sole discretion, may deem necessary for my health and safety and I shall be financially responsible for such advice and services.

I agree to hold harmless and indemnify Brandon University from any and all liability for damage to the property of, or personal injury to, any third party resulting from my participation in this activity.

I have read and understood this agreement and I am aware that by signing this agreement I am accepting financial responsibility for any medical assistance Brandon University may deem necessary for my health and safety and also for any damage to third persons or their property that I may cause.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF WITNESS (Non Family Member)

This informed consent must be completed in full, signed, dated and witnessed before the participant is allowed to participate in the activity.