

**Summer Intensive in Jump Rhythm Technique
Waiver/Release Form**

I, the Undersigned, for myself, my heirs, successors, and assignees, for and in consideration of being permitted to voluntarily participate in the Jump Rhythm Jazz Project of the Summer Intensive in Jump Rhythm Technique hereby release and waive any and all claims whatsoever against Northwestern University, its Trustees, Officers, Employees and Agents from any liability or any loss, cost, damage, expense, injury or death arising from or in any manner connected with or related to my participation in the above said program. I recognize and acknowledge that there are certain risks of injury associated with this activity. I affirm that I have no physical, mental or medical condition that to my knowledge would endanger myself or others if I participate.

I further agree to indemnify, hold harmless and defend Northwestern University, its officers, agents and employees from injuries, damages, and loss sustained by me and arising out of, connected with, or in any way associated with my participation in this program. I hereby acknowledge that I have read this document and understand the risks of participation and release and discharge Northwestern University from any claims.

Participant: _____

Parent: _____
(if under age 18)

Signature: _____

Signature: _____

Date: _____

In case of emergency, please contact:

Name: _____

Relation: _____

Phone: _____

Other Phone: _____

Address: _____

If not available, then contact:

Name: _____

Relationship: _____

Phone: _____

Other Phone: _____

Address: _____

Personal Physician:

Name: _____

Phone: _____

Name of Clinic/Hospital: _____

Address: _____