



### **Liability Waiver/Assumption of Risk Form**

This Liability Waiver and Assumption of Risk and Responsibility Form must be signed with no additions, deletions or changes for you/your child to take part in this New England Music Camp Association ("The Association") program, in residence at Snow Pond Center for the Arts. The Association has planned an experience that is enjoyable, rewarding and safe. If you have any questions or concerns, please contact the Association prior to signing this form.

**Snow Pond Center for the Arts**  
**8 Goldenrod Lane**  
**Sidney, ME 04300**  
**Attn: Thea Hollman - [Thea.hollman@snowpond.org](mailto:Thea.hollman@snowpond.org)**

**Participant Name \***

\_\_\_\_\_  
(Last) (First)

**Participant Date of Birth: \*** \_\_\_\_\_

**Program Dates: \*** 9/10/25 - 9/12/25

**School or Program Name: \*** KINGSWOOD-OXFORD SCHOOL

The Association's programs will involve physical activity including, but not limited to: group games and initiatives, hikes, climbing, outdoor cooking using stoves or open fires, swimming, canoeing and other outdoor activities. Participants will never be forced or coerced into participating beyond a level appropriate to their physical or emotional safety. Participants choose the ways in which they will contribute to the activities, while instructors help the participants make sound decisions. Nonetheless there is a risk, which must be assumed by the participant or their parent/guardian, that may place the participant in physically and or mentally demanding circumstances beyond what one might ordinarily choose. Situational risks may include, but are not limited to, inclement and unpredictable weather, sunburn, allergic reactions, and other injuries.

You are solely responsible for determining if you or your minor child is physically fit and/or adequately skilled for the activities laid out by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

I ASSUME ALL RISKS AND UNDERSTAND MY RESPONSIBILITY IN MY DECISION TO HAVE MYSELF/MY CHILD/WARD PARTICIPATE IN THIS PROGRAM.

I UNDERSTAND THAT PART OF THE PROGRAM MAY BE PHYSICALLY AND OR EMOTIONALLY DEMANDING. I AFFIRM THAT I HAVE NOT OMITTED DISCLOSURE OF ANY CONDITION THAT BEARS UPON MY/MY CHILD'S/WARD'S FITNESS TO PARTICIPATE IN THE FOUNDATION'S ACTIVITIES. I ALSO UNDERSTAND THAT SUBJECT TO SAFETY DECISIONS MADE BY PERSONNEL, EACH PARTICIPANT ASSUMES RESPONSIBILITY FOR HIS OR HER LEVEL OF PARTICIPATION IN PROGRAM ACTIVITIES.

I UNDERSTAND THAT NEMC MAINTAINS AND OPERATES A SUPERVISED WATERFRONT SWIMMING AREA, BUT DOES NOT PROVIDE ANY LIFEGUARD SUPERVISION FOR THE REMAINDER OF ITS SHOREFRONT GROUNDS, UNLESS ON SUPERVISED CANOE AND KAYAK TRIPS. WHILE CAMPERS ARE ASKED TO NOT USE SHOREFRONT, I ACKNOWLEDGE THAT USE OF SUCH SHOREFRONT MAY INVOLVE RISK OF INJURY. AS A CONDITION OF SUCH ACTIVITY, I ASSUME COMPLETE RESPONSIBILITY FOR MY USE OF THE ASSOCIATION'S UNSUPERVISED SHOREFRONT AREA AND FOR ALL RISK OF INJURY OR DAMAGE FROM SUCH ACTIVITY.

EXCEPT IN THE CASE OF THE CAUSAL NEGLIGENCE OF THE ASSOCIATION, ITS STAFF, OFFICERS, BOARD OF DIRECTORS, AND AGENTS, I AGREE TO INDEMNIFY AND HOLD HARMLESS SAID PARTIES AND HOLD SAID PARTIES IN NO WAY RESPONSIBLE OR LIABLE FOR ANY INCIDENTS, CONDITIONS, ACCIDENTS, ILLNESS, INJURIES OR DEATH TO MYSELF/MY CHILD/WARD WHICH MAY OCCUR DURING OR AS A RESULT OF PARTICIPATION IN THIS PROGRAM AND AGREE TO PAY ALL EXPENSES (INCLUDING ANY LEGAL FEES AND EXPENSES ON A THIRD-PARTY BASIS) RESULTING THEREFROM.

IN PARTICIPATING IN THIS PROGRAM, I RECOGNIZE MY RESPONSIBILITY, THROUGH APPROPRIATE INSURANCE OR OTHERWISE, TO COVER ALL EMERGENCY MEDICAL AND/OR EVACUATION EXPENSES, SHOULD THEY OCCUR.

I HAVE CAREFULLY READ THIS FORM AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGN IT OF MY OWN FREE WILL.

**Participant Signature \*** \_\_\_\_\_

**Signature Date \*** \_\_\_\_\_

**Parent/Legal Guardian Signature (if participant is under 18 years of age):**

\_\_\_\_\_

**Signature Date:** \_\_\_\_\_

**Participant/Parent/Legal Guardian Email Address: \*** \_\_\_\_\_